


## RCRAInfo CM&amp;E EVALUATION – VIOLATION FORM

EPA ID Number		PAD042716084			EIN	
Handler Name		Spray Products Corporation				
Street		1323 Conshohocken Road				
City		Norristown		State	PA	Zip Code 19401
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
EVALUATION			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).	
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization	
	FUI	7/10/2007	S	WAB	WM	
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>			5/3/2007	Reclassified SV Date: <i>Only applicable for SNN evaluation type as appropriate.</i>		
Notes: LQG Inspection - Multiple Violations						
<b>Evaluation Indicator Field (Check all that apply)</b> <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C						
<b>Focused Coverage Areas (Use Only for Evaluation Type FCI)</b> <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>						
Does this Evaluation Add/Update/Delete a Violation?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.	
Does this Evaluation link to a Commitment?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
Does this Evaluation link to a 3007 Request?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.						
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)	

\*Required Fields

EPA ID Number	Handler Name
PAD042716084	Spray Products Corporation

**VIOLATIONS SECTION**

(Additional Violations can be added/updated/deleted using the RCRAInfo CM&amp;E Additional Violations Form)

VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)	
5	265.1	S	5/3/2007	<input type="radio"/> A RTC Qualifier is required if entering an Actual RTC Date.	7/10/2007	
Notes:						

LINK CITATIONS TO ABOVE VIOLATION?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type	Citation		Citation Type	Citation
FR	40 CFR 265.171			

VIOLATION <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)	
6	265.1	S	5/3/2007	<input type="radio"/> A RTC Qualifier is required if entering an Actual RTC Date.	7/10/2007	
Notes:						

LINK CITATIONS TO ABOVE VIOLATION?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below	
Citation Type	Citation		Citation Type	Citation
FR	40 CFR 265.173(a)			

**HANDLER SECTION (Fill out if RCRA Non-Notifier)**

Handler Name	Contact	
Street		
City	State	Zip Code
County		

**UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)**

i. Indicate the Facility's current Universe(s):		
ii. Indicate the new RCRAInfo Generator Universe: <i>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</i>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)	Transporter <input type="checkbox"/> <i>If the transporter box is checked, you must check at least one mode of transportation below:</i> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

\*Required Fields

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM***(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)*

<b>EPA ID Number</b>		<b>Handler Name</b>			
PAD042716084		Spray Products Corporation			
<b>VIOLATION</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
7	265.I	S	5/3/2007	<input type="radio"/> A RTC Qualifier is <b>required</b> if entering an Actual RTC Date.	7/10/2007
Notes:					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	
SR		25 Pa Code 265a.173			
<b>VIOLATION</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
8	262.C	S	5/3/2007	<input type="radio"/> A RTC Qualifier is <b>required</b> if entering an Actual RTC Date.	7/10/2007
Notes:					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	
FR		262.34(a)(2)			
<b>VIOLATION</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
9	262.C	S	5/3/2007	<input type="radio"/> A RTC Qualifier is <b>required</b> if entering an Actual RTC Date.	7/10/2007
Notes:					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	
FR		262.34(a)(3)			

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM***(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)*

<b>EPA ID Number</b>		<b>Handler Name</b>			
PAD042716084		Spray Products Corporation			
<b>VIOLATION</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
12	262.C	S	5/3/2007	0 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	7/10/2007
<b>Notes:</b>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>	<b>Citation</b>		<b>Citation Type</b>	<b>Citation</b>	
FR	40 CFR 262.34(a)				
<b>VIOLATION</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
				 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
<b>Notes:</b>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>	<b>Citation</b>		<b>Citation Type</b>	<b>Citation</b>	
<b>VIOLATION</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
				 <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
<b>Notes:</b>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>	<b>Citation</b>		<b>Citation Type</b>	<b>Citation</b>	

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM**

(Attach to RCRAInfo CM&amp;E Evaluation – Violation Form, if appropriate)

EPA ID Number	Handler Name
PAD042716084	Spray Products Corporation

 VIOLATION ☐ Add ☒ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
10	265.I	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	7/10/2007
Notes:					

 LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.174		

 VIOLATION ☐ Add ☒ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
11	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	7/10/2007
Notes:					

 LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
SS	SWMA 6018.403(b)(2)		

 VIOLATION ☐ Add ☒ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	7/10/2007
Notes:					

 LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34		



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

Inspection Date 7/11/07

Time Start \_\_\_\_\_

Time Finish \_\_\_\_\_

**HAZARDOUS WASTE INSPECTION REPORT**☒ **GENERATOR**☐ **S Q GENERATOR** 614-1636071Company name Spray ProductsEPA I.D. Number PAD042716084

Employer I.D. Number (EIN) \_\_\_\_\_

Site Address 1323 Conshohocken Rd., Norristown, PACounty MontgomeryMunicipality Plymouth TownshipZip 19401Name of Inspector Walt Bair, Solid Waste SpecialistName & Title of Responsible Official William Bastian, Vice PresidentPerson Interviewed Guy JordanTelephone ( 800 ) 543-7710

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds \_\_\_\_\_ Kgs

**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**Transporter Name Maumee Express, IncLicense Number PA-AH 778

Transporter Name \_\_\_\_\_

License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_

License Number \_\_\_\_\_

**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001, D003, F003	Flammable Liquid, Acetone	RINECO
D001	Flammable Liquid, Heptane	Benton, Arkansas
D001	Waste Aerosols	ARD0981057870

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spray Products ID Number PAD042716084 Date July 10, 2007

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
x				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
x				Identification Number	262a.10	262.12	H002
x				Authorized transporters only	262a.10	262.12(c)	H003
x				Subsequent notification requirements met	262a.12(b)		H004
x				Proper manifest used	262a.10	262.21	H005
x				Manifests filled out correctly and completely	262a.20		H006
x				Manifests signed and routed properly	262a.23(a)	262.23	H007
x				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	x			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	x			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
x				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
x				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
x				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
x				Specified records retained for three years	262a.10	262.40(c)	H014
x				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
x				Exception reporting procedures followed	262a.42	262.42	H016
x				Spill reporting procedures followed	262a.10	262.34(d)	H017
x				PPC plan developed and implemented	262a.10	262.34(a)	H018
x				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
x				Source reduction strategy prepared and available (LQG only)	262a.100		H020
x				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Spray Products ID Number PAD042716084 Date July 10, 2007

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS</b> (Subchapter I)			
x				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
x				Containers of hazardous waste in good condition	265a.1	265.171	H026
x				Containers and stored waste compatible	265a.1	265.172	H027
x				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
x				Containers managed to prevent leaks	265a.1	265.173(b)	H029
x				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
x				Container storage areas inspected at least weekly	265a.1	265.174	H031
x				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
x				Proper containment and collection systems in place	265a.179		H033
x				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
x				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
x				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
x				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection July 10, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products Corporation

On this date, Solid Waste Specialist Walt Bair and Compliance Specialist Don Farrell conducted a follow-up hazardous waste generator inspection at this facility. Mr. Guy Jordan granted access to the facility and was the facility guide. The following observations were made:

- 1) An initial inspection occurred on May 3, 2007 and the following violations were observed:
  - a. 40 C.F.R. Section 265.171 – waste storage containers not in good condition.
  - b. 40 C.F.R. Section 265.173(a) – hazardous waste containers not closed during storage.
  - c. 40 C.F.R. Section 265.174 – failure to conduct weekly inspections of storage area.
  - d. 40 C.F.R. Section 262.34(a) (2) – failure to label hazardous waste containers with accumulation dates.
  - e. 40 C.F.R. Section 262.34(a) (3) and Section 6018.403(b) (2) of the SWMA – failure to label containers as “Hazardous Waste”.
  - f. 40 C.F.R. Section 262.34(a) – storage of hazardous waste in excess of ninety (90) day storage limit.
  - g. 25 Pa Code Section 265a.173 – failure to store hazardous waste in a way which insures safe management and access for the purposes of inspection, containment, and remedial action.
  - h. 40 C.F.R. Sections 262.34(a), 270.1(b) and (c) and Section 401(a) of the SWMA – storage of hazardous waste without a permit.
- 2) The Department received a written response to the inspection on May 6, 2007. A Notice of Violation was issued on May 7, 2007.
- 3) The can crusher was observed. At the time of inspection the unit was in operation. Spray Products should contain all waste material from this operation within proper storage containers and appropriately manage any spills.
- 4) All containers of hazardous waste in the area of the can crusher were appropriately labeled and being managed accordingly.

*This inspection report is prepared by the Department of Environmental Protection pursuant to a representative of the Department. This report is a true notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other administrative action of the Department. Findings contained herein shall be deemed to constitute notice to the facility owner for any violation noted herein.*

*Signature by the person interviewed does not necessarily agree with the findings in this report, but does acknowledge that the person has shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_

Date \_\_\_\_\_

Inspector (signature) Walt Bair

Date 7/10/07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

### Inspection Report Comments

Date of Inspection July 10, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products Corporation

- 5) On the ground, between the can crusher and the gate, there was a clear, odorless liquid coming out of the ground and running into a storm drain. Mr. Jordan stated that the material just began to appear and that Gilmore and Associates would be coming out to sample the material. The Department suggested that Spray Products take the appropriate measures to limit this unknown material from entering the storm drain before a proper analysis is made.
- 6) The far end of the lot was observed, during the initial inspection on May 3, 2007, this area of the facility contained approximately 360 drums of waste material. At the time of inspection, this area did not contain any waste containers. Since the initial inspection, Spray Products, has provided several copies of manifests to the Department for the disposal of material which was once stored here.
- 7) The "Gas House Building" was observed. Mr. Jordan stated that he intends to make this the new location for the storage of waste materials. At the time of inspection, several drums of oil dry and other wastes were observed. Spray Products should ensure that drums stored in this part of the facility are properly labeled and managed.

In summary, all of the outstanding violations were corrected and there were no new violations. Spray Products should continue to operate in accordance with the Department's regulations. A copy of this report was provided to the facility.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) [Signature] Date 7/10/07

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT



## GENERAL INSPECTION REPORT

Type of Inspection <i>Follow-up</i>	WM Identification Number <i>PADO42716084</i>	Entry Time/Date <i>9:30AM</i>	Exit Time/Date
Facility/Incident Name and Location <i>Spray Products Corp.</i>			Municipality <i>Plymouth</i>
			County <i>Montgomery</i>

Name, Address of Responsible Official  <i>William Bastian</i> <i>1323 Conshohocken Rd.</i> <i>Norristown, PA 19401</i>	Title <i>owner</i> Telephone <i>800-543-7710</i>  Interviewed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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### REMARKS

*A follow-up hazardous waste records inspection was conducted August 3, 2004 by Solid Waste Specialist Joe Vitello. Guy Jordan was interviewed during the inspection.*

*The following records were reviewed: PPC plan, 25R source reduction, manifests.*

*The PPC plan, which was retained at the Upland plant was reviewed. The plan appeared complete and up to date. This plan will now be kept at the Norristown plant at all times. The form 25R covers all waste streams - Acetone & aerosol can contents.*

*Return copies were received for manifest #'s PAG463257 and PAG463142, which were missing during the last inspection.*

**VIOLATIONS** *No violations observed today or during the inspection of 7/22/04*

Sample Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sample Numbers	Analyses
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Inspector Name <i>Vitello</i>	Inspector Signature <i>Joe Vitello</i>	Headquarters <i>SERO</i> <i>Norristown</i>	Date <i>8/3/04</i> Telephone <i>484-250-5741</i>
Person Interviewed Name <i>Jordan</i>	Signature of Person Interviewed <i>Guy Jordan</i>	Title <i>Plant Engineer</i>	Date <i>3 Aug 04</i> Telephone <i>610-633-1417</i>

This document is official notification that a representative of the Department of Environmental Protection inspected the above mentioned facility. The findings of the inspection are shown above and on any attached pages. Violations discovered as a result of this inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses, review of pertinent documents and further investigation. Notification will be forthcoming if such violations are discovered.

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

**Inspection Report Comments**Date of Inspection 7/22/04 Identification Number PAD042716084Company/Facility/Site Spray Products

4.) 16 drums of waste acetone were observed stored inside the overpacks. All were labeled and dated properly. All were closed. \* The hazardous waste inspection log was observed AND found to be up to date & complete.

5.) Spray Products was able to provide disposal manifests for year 2003 and 2004. The manifests appeared to be properly filled out, however, two manifests did not have return copies from the disposal facilities:

a.) 2/02/04 Manifest # PAG 463257

b.) 3/26/04 Manifest # PAG 463142

Spray Products should contact the disposal facility and request the signed copy. If after contacting the disposal facility, Spray Products does not receive the manifest, they should follow the exception reporting procedures outlined in 40 CFR 262.42.

6.) The 2003 biennial report was submitted to the Department this year. Training records were available for those who handle hazardous waste. The following was not available but kept at the Upland, PA plant:

a.) 25R Source Reduction

b.) PPC plan

William Bastian pledged to retrieve these documents and submit them to the Department for review. Once received, the Department will document that these records are kept and a follow-up inspection report will be mailed to Spray Products. \* also include manifest return copies.

No violations observed, pending receipt of records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) [Signature] Date 22 July 04Inspector (signature) [Signature] Date 7/22/04

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

**Inspection Report Comments**Date of Inspection 7/22/04 Identification Number PAD042716084Company/Facility/Site Spray Products

On this date, routine hazardous waste generator inspection was conducted at Spray Products Corporation in Plymouth Twp by PA Department of Environmental Protection Solid Waste Specialist Joe Vitello. William Bastian, Vice President of Spray Products, granted access for the inspection. Guy Jordan, Plant Engineer was the facility guide. The following observations were made:

1.) Spray Products is an aerosol canning company for spray paints and solvents (i.e. carburetor cleaner). Some products are their own brand, others are canned for private customers.

a.) The only hazardous waste generated during the canning process is waste acetone. This waste is generated through cleaning procedures.

2.) One satellite accumulation area is used to store waste acetone. A single drum was observed labeled and identified inside the paint mixing building. The drum had a closed funnel in place over the bung hole.

a.) A full drum (55 gallons) was also observed in this building on top of a secondary containment grate. This drum was also labeled properly. It was filled this morning and will be dated and brought to the 90 day storage area.

3.) The 90-day storage area consists of 4, completely enclosed overpacks capable of storing four, 55-gallon drums. These overpacks are outside, within a fenced in portion of the property.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) \_\_\_\_\_

Date 22 July 04Inspector (signature) Joseph VitelloDate 7/22/04

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Spray Products ID Number PA042710084 Date 7/22/07

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				<b>Containment Buildings</b> (Subchapter T)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets special requirements if liquids present	265a.1	265.1101(b)	H062
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1)(i)	H063
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1)(ii)	H064
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1)(iii)	H065
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1)(iv)	H066
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
				<b>Drip Pads</b> (Subchapter S)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release reporting requirements met	265a.1	265.443(m)	H076
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Spray Products ID Number PA D042716084 Date 7/22/04

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
<b>LQG TANKS (Subchapter J)</b>							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled to accurately identify contents	265a.194		H044
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required inspections completed and documented in operating log	265a.195	265.195	H045
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special small quantity generator requirements	265a.1	265.201	H048
<b>SQG TANKS</b>							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All waste removed at closure	265a.1	265.201(d)	H056
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Spray Products ID Number PA004276084 Date 7/22/04  
1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spray Products ID Number PA D042716084 Date 7/22/04

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7/22/04Time Start 10:00Time Finish 12:00

## HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name Spray Products Corporation I.D. Number PADO42716084Site Address 1323 Conshohocken Rd. NorristownCounty Montgomery Municipality Plymouth Zip 19401Name of Inspector Joe VitellName & Title of Responsible Official William Bastian, V.P.Person Interviewed Guy Jordan, Plant Engineer/Mgr. Telephone (800) 543-7710

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: ~ 4000 - 4500 Pounds \_\_\_\_\_ Kgs

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name Clean Harbors License Number PA-AH 0312Transporter Name SS Transportation License Number N/A

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
D001	Waste Acetone	Spring Grove RRF
F003		01HD000816629
		OR
	Year 2003 →	Clean Harbors of
		Baltimore
		MD0980555189



Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection 07/21/2005Identification Number PAD042716084Company/Facility/Site Spray Products Corp.

- 7) The aerosol can crusher, which is no longer in use, was observed. This machine punctured an aerosol can, crushed it, and collected the acetone in a 55-gallon drum. A 55-gallon drum was still attached to the crusher, containing liquid. This drum was not labeled, contrary to **40 CFR §262.34(c) Line Item H011**. Matt Quinn labeled the drum identifying the waste, correcting the violation. The waste aerosol cans are going to be sent to Giant Resources in South Carolina for disposal.
- 8) Next to the can crusher, 44 drums of waste aerosol cans were observed without labels. This is contrary to **40 CFR §262.34(a)(2), (3) and SWMA 6018.403(b)(2)**. Matt Quinn labeled these drums, thus correcting the violation. Originally, Spray Products did not have these containers labeled due to a misunderstanding of a DOT exemption for shipping hazardous materials as a "commercial commodity". Spray Products researched the exemption during the inspection and found that it did not apply. Spray Products concurred with the Department that these containers of aerosol cans are in fact a hazardous waste and should be managed as such.
- 9) The following paperwork was reviewed and was correct and up to date:
- a) 2004 and 2005 hazardous waste manifests
  - b) Source Reduction Strategy
  - c) Employee training
  - d) PPC Plan – It is recommended that the PPC plan be updated with the Department's new emergency number: 484-250-5900.

In summary, three violations were observed and immediately corrected.

Guy Jordon reviewed this report and retained a copy.

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Person interviewed (signature) \_\_\_\_\_

Date 7/22/05

Inspector (signature) \_\_\_\_\_

Date 07/22/2005Page 5 of 5

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection 07/21/2005Identification Number PAD042716084Company/Facility/Site Spray Products Corp.

On this date Andrew Haneiko and Joe Vitello, Waste Management Specialists with the PA Department of Environmental Protection, conducted a large quantity hazardous waste generator inspection of Spray Products Corporation. Guy Jordon, Plant Engineer, granted access and was present for the inspection.

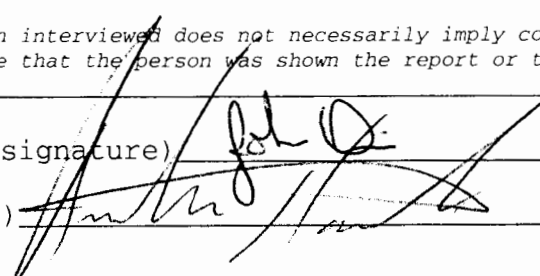
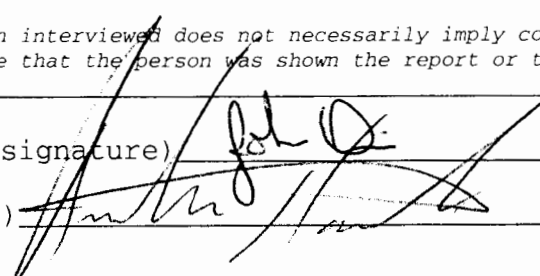
The following observations were made:

- 1) Spray Products is an aerosol canning company for spray paints, and solvents. The hazardous waste streams are waste acetone, generated through cleaning procedures and aerosol can crushing, and waste aerosols (flammable contents).
- 2) A tour of the facility was conducted. In Production Line B Area, unused material (dependent on what is being canned) from the filling machine is collected and placed into either 55-gallon drums or a 350-gallon tote for further use as raw material.
- 3) A satellite accumulation drum of waste aerosol cans was observed in the Gas House (a building where propellant is added to the cans) without a proper label. This is contrary to **40 CFR §262.34(c) Line Item H011**. Matt Quinn, production manager, labeled the drum as hazardous waste and identified it as Waste Aerosol, correcting the violation.
- 4) A satellite accumulation drum of waste acetone was observed outside the paint mixing shed. The drum was properly labeled as hazardous waste and identifying words.
- 5) The weekly inspection checklist for the satellite drum and 90-day storage area were observed to be correct and up to date.
- 6) The 90-day storage area consisted of four pods on containment pallets. Each pallet contained four 55-gallon drums, for a total of 16 drums. The oldest accumulation date observed was 06/20/2005. All drums were labeled properly, dated, and closed.

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Person interviewed (signature) Date 7/22/05Inspector (signature) Date 07/22/2005Page 4 of 5

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Spray Products, Inc. ID Number PAD042716084 Date 7/21/2005

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spray Products, Inc. ID Number PAD042716084 Date 7/21/2005

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7/21/2005Time Start 10:15Time Finish 15:00

## HAZARDOUS WASTE INSPECTION REPORT

☒ **GENERATOR**                      ☐ **S Q GENERATOR**

Company name Spray Products, Inc. I.D. Number PAD042716084Site Address 1323 Conshohocken Rd., Norristown, PACounty Montgomery Municipality Plymouth Zip 19401Name of Inspector Andrew Haneiko and Joe VitelloName & Title of Responsible Official William Bastian, VPPerson Interviewed Guy Jordan Telephone ( 800 ) 543-7710

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds \_\_\_\_\_ Kgs

**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**Transporter Name Elk Transportation, Inc. License Number PAD987271020Transporter Name Freehold Cartage, Inc. License Number NJD054126164Transporter Name Clean Harbors Env't. Services License Number MAD039322250**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001/F003	RQ Flam. Liquid, Acetone	<b>Southeastern Chemical &amp; Solvent Co., Inc</b>
		755 Industrial Rd., PO Box 175
		Sumter, SC 29150
F003	RQ Waste Acetone	<b>EQ Resource Recovery, Inc.</b>
		36345 Van Born Road
		Romulus, MI 08023
D001/F003	RQ Waste Acetone	<b>Spring Grove Resources Recovery</b>
		4879 Spring Grove Ave.
		Cincinnati, OH 45232





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Spray Products, Inc. ID Number PAD042716084 Date 9/7/2006

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

**Inspection Report Comments**

Date of Inspection September 7, 2006 Identification Number PAD042716084

Company/Facility/Site Name Spray Product, Inc

- 6) The manifests were reviewed. Spray Products currently ships hazardous waste to RINECO (ARD981057870) in Benton, AR. The last shipment occurred on 7/20/2006. All manifests were found to be complete and up-to-date.
- 7) Spray Products was reminded that as of September 5, 2006, generators of Hazardous Waste are required to begin using the new standard hazardous waste manifests.
- 8) Training records were also reviewed during the inspection. These records were up-to-date and complete.
- 9) The Department received the 2006 Hazardous Waste Biennial Report from Spray Products on July 11, 2006. The report was complete.
- 10) The 90-day storage area weekly inspection log was observed. Inspections are conducted on a weekly basis. The log was up-to-date and found to be complete.

In summary, no violations were observed. A copy of this report was left at the facility.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature)  Date 9-7-06

Inspector (signature)  Date 9-7-06

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection September 7, 2006 Identification Number PAD042716084

Company/Facility/Site Name Spray Product, Inc

On this date, Waste Management Specialist Walt Bair conducted a routine Hazardous Waste Generator Inspection at Spray Products, Inc. in Plymouth Township, Montgomery County. Mr. Guy Jordan granted access to the facility and was the tour guide for the inspection. The following observations were made:

- 1) Spray Products, Inc. is an aerosol canning company for spray paints and solvents. The hazardous waste streams are waste acetone, waste heptane, and waste aerosols. These waste streams are generated through cleaning procedures and during can crushing.
- 2) The Gas House Building was observed. Spray Products uses this building to add propellant and product to the cans. When the production line changes or at the end of the day the machine is cleaned out. This "clean out" material contains acetone and heptane material. At this building 55-gallon satellite accumulation drum was observed. The drum was properly labeled and was closed.
- 3) The 90-day storage area consists of four pods that are completely enclosed. These pods rest on top of containment pallets. Each pod can hold up to four (4) 55-gallon drums. During the inspection two of these pods were filled, for a total of eight (8) drums of hazardous waste. The drums were labeled properly, closed, and dated. The oldest drum in the 90-day storage area had a date of 7/26/06.
- 4) The aerosol can crusher was observed. Mr. Jordan stated that this machine is used to drain the aerosol material from the can and then crush the can for recycling. At the time of inspection, this machine was not running and there was no aerosol liquid remaining at the crusher.
- 5) Mr. Jordan stated that occasionally Spray Products has aerosol cans, which are deemed to be waste for various reasons. These cans are stored in drums at the far end of the lot, and are shipped out every three months. This waste stream is properly labeled and contained.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) [Signature]

Date 9-7-06

Inspector (signature) Walt Bair

Date 9-7-06

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spray Products, Inc. ID Number PAD042716084 Date 9/7/2006

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Ests 1564350

Inspection Date 9/7/2006Time Start 10:00 AM

Time Finish \_\_\_\_\_

**HAZARDOUS WASTE INSPECTION REPORT****GENERATOR****S Q GENERATOR**Company name Spray Products, Inc. I.D. Number PAD042716084Site Address 1323 Conshohocken Rd., Norristown, PACounty Montgomery Municipality Plymouth Township Zip 19401Name of Inspector Walt BairName & Title of Responsible Official William Bastian, Vice PresidentPerson Interviewed Guy Jordan Telephone ( 800 ) 543-7710

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: >2200 Pounds \_\_\_\_\_ Kgs \_\_\_\_\_**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**Transporter Name Freehold Cartage, Inc. License Number PA-AH 0067Transporter Name Maumee Express, Inc. License Number PA-AH 778

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001, D003, F003	RQ Flam. Liquid, Acetone	Giant Resource Recovery Avonia, VA VAD098443443
D001	RQ Flam. Liquid, Heptane	
D001	Waste Aerosols	and/or
		RINECO Benton, AR ARD0981057870

EPA ID Number				Handler Name			
PAD042716084				Spray Products, Inc.			
<b>VIOLATIONS SECTION</b>							
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Violation Type <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Agency <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Determined Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>		Actual RTC Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Violation Type <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Agency <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Determined Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Return to Compliance (RTC) Qualifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>A RTC Qualifier is required if entering an Actual RTC Date.</small>		Actual RTC Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>HANDLER SECTION (Fill out if RCRA Non-Notifier)</b>							
Handler Name				Contact			
Street							
City			State		Zip Code		
County							
<b>UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)</b>							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

\*Required Fields

## RCRAInfo CM&amp;E EVALUATION – VIOLATION FORM

DEC 08 2006

*EPA ID Number		PAD042716084			EIN		
Handler Name		Spray Products, Inc.					
Street	1323 Conshohocken Rd.						
City	Norristown	State	PA	Zip Code	19401		
Actual Generator Status		Check only if different from Notified Status. LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>					
Universe Change Required? (Generator Status Change Required)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).					
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
001	CEI	9/7/2006	S	WAB	WM		
		Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.		Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.			
		9/7/06					
Notes:		LQG Inspection					
Evaluation Indicator Field (Check all that apply)							
<input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI)							
Regulation-Specific FCI							
BIF	CCI	CFI	INC	LDR	PTB	PTX	
THI	UIC	UOI	UWR	OTHER (specify):			
Routine/Standardized FCI							
CAR	CPC	DOS	EMR	IEI	ISI	RTI	
Does this Evaluation Add/Update/Delete a Violation?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.			
Does this Evaluation link to a Commitment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
Does this Evaluation link to a 3007 Request?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.							
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)		

\*Required Fields



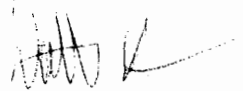
Mr. Guy Jordan

- 3 -

May 7, 2007

If you have any questions about this letter, please contact me at 484-250-5742.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Walter Bair', with a long horizontal stroke extending to the right.

Walter Bair  
Solid Waste Specialist  
Waste Management Program

cc: Mr. Bauer  
Mr. France  
Plymouth Township  
Re 30 (GJE07WM)123-19

Department of Environmental Protection

2 East Main Street  
Norristown, PA 19401  
May 7, 2007

Southeast Regional Office

Phone: 484-250-5960

Fax: 484-250-5961

**NOTICE OF VIOLATION**

**CERTIFIED MAIL NO. 7001 2510 0005 9958 5678**

Mr. Guy Jordan  
Plant Engineer  
Spray Products Corporation  
1323 Conshohocken Road  
Norristown, PA 19401

Re: Non-Compliance-Hazardous Waste  
Spray Products Corporation (Spray Products)  
ID No. PAD042716084  
Plymouth Township  
Montgomery County

Dear Mr. Jordan:

As a result of an inspection conducted by the Department of Environmental Protection's Southeast Regional Office, Waste Management Program (Department), on May 3, 2007, at the referenced facility, the Department has determined that Spray Products is in violation of the Solid Waste Management Act (SWMA), Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. Section 6018.101 et seq., and the Hazardous Waste Management Rules and Regulations found at 40 C.F.R. Parts 260 to 270 incorporated by reference at 25 Pa. Code Chapters 260a to 270a as follows:

- A. Spray Products has hazardous waste stored in containers which are not in good condition, contrary to 40 C.F.R. Section 265.171.
- B. Spray Products has stored hazardous waste in containers which are not closed, contrary to 40 C.F.R. Section 265.173(a).
- C. Spray Products failed to conduct weekly inspections of all hazardous waste storage areas, contrary to 40 C.F.R. Section 265.174.
- D. Spray Products failed to appropriately label hazardous waste containers with the accumulation date, contrary to 40 C.F.R. Section 262.34(a)(2).

EPA ID Number <b>PAD042716084</b>	Handler Name <b>Spray Products Corporation</b>
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**PENALTY SECTION**
**PENALTY**    ☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐
\*Penalty  
Type

\*Penalty Amount

Penalty Notes

	\$	
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**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes: \_\_\_\_\_

**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
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Notes: \_\_\_\_\_

**PENALTY**    ☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐
\*Penalty  
Type

\*Penalty Amount

Penalty Notes

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**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
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Notes: \_\_\_\_\_

**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
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Notes: \_\_\_\_\_

**TECHNICAL REQUIREMENT MILESTONE SECTION**

(Additional Technical Requirement Milestones can be added using the RCRAInfo CM&amp;E Additional Technical Requirement Milestones Form)

☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐

Technical Requirement Number: \_\_\_\_\_

Technical Requirement Description: \_\_\_\_\_

Scheduled Completion Date  
(mm/dd/yyyy)Actual Completion Date  
(mm/dd/yyyy)Defaulted Date  
(mm/dd/yyyy)

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Notes: \_\_\_\_\_

\*Required Fields

## RCRAInfo CM&amp;E ENFORCEMENT FORM

*EPA ID Number				Handler Name			
PAD042716084				Spray Products Corporation			
*ENFORCEMENT <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				You must provide an Enforcement Identifier (also known as Seq. No.).			
*Identifier	*Enforcement Date (mm/dd/yyyy)	*Activity Location	*Agency	*Type	Sub-organization	Responsible Person	Attorney
	5/7/2007		S	120	WM	WAB	
Docket Number:							
Enforcement Notes: NOV Issued 5/7/2007							
Is Enforcement Type 380 (Super CA/FO) and part of a Multi-site Consent Agreement/Final Order (CA/FO)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, you must provide the CA/FO Sequence Number below. If you are the lead agency and want to add a Multi-site CAFO, please provide the CA/FO Respondent Name (required) and Notes (as necessary).							
CA/FO Sequence Number:				Respondent Name:			
Notes:							
Was there an Appeal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in this Section				Disposition Status			
*Appeal Initiated Date (mm/dd/yyyy)		*Appeal Resolved Date (mm/dd/yyyy)		*Disposition Status Qualifier		*Disposition Status Date (mm/dd/yyyy)	
Does this Enforcement Action Contain Corrective Action Requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Do you want to link Media? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Multimedia Section below on page 1 of this form.							
Do you want to Add/Update/Delete a Technical Requirement Milestone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Technical Requirement Milestone Section on page 2 of this form.							
LINK VIOLATIONS TO THE ABOVE ENFORCEMENT ACTION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in the Section below. Note: You can link RTC'd violations to an enforcement action.							
*Seq. No.	*Agency	*Type	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Already RTC'd	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier An RTC Qualifier is required if entering an Actual RTC Date
	S	262.CSS	SWM 403.403.403.403	5/3/07	<input type="checkbox"/>		
	S	262.C	FR 262.34	5/3/2007	<input type="checkbox"/>		
	S	262.C	FR 262.34(a)	5/3/2007	<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

Multimedia Section (Check all that apply)									
<input type="checkbox"/> AIR	<input type="checkbox"/> CRE	<input type="checkbox"/> CRS	<input type="checkbox"/> EPC	<input type="checkbox"/> FIF					
<input type="checkbox"/> MSW	<input type="checkbox"/> ORP	<input type="checkbox"/> PCB	<input type="checkbox"/> RCA	<input type="checkbox"/> SPC					
<input type="checkbox"/> TSC	<input type="checkbox"/> UIC	<input type="checkbox"/> UST	<input type="checkbox"/> WAT	<input type="checkbox"/> WET					

\*Required Fields

EPA ID Number <b>PA0042716084</b>	Handler Name <b>Spray Products Corporation</b>
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**PENALTY SECTION**
**PENALTY**    ☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐

\*Penalty Type

\*Penalty Amount

Penalty Notes

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**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes:

**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
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Notes:

**PENALTY**    ☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐

\*Penalty Type

\*Penalty Amount

Penalty Notes

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**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes:

**PENALTY PAYMENT**    ☐ Add    ☐ Update    ☐ Delete

Scheduled Date (mm/dd/yyyy)	Scheduled Amount	Paid Date (mm/dd/yyyy)	Paid Amount	Defaulted Date (mm/dd/yyyy)
	\$		\$	

Notes:

**TECHNICAL REQUIREMENT MILESTONE SECTION**

(Additional Technical Requirement Milestones can be added using the RCRAInfo CM&amp;E Additional Technical Requirement Milestones Form)

☐ Add    ☐ Update    ☐ Delete    Link to Above Enforcement ☐

Technical Requirement Number:

Technical Requirement Description:

Scheduled Completion Date  
(mm/dd/yyyy)Actual Completion Date  
(mm/dd/yyyy)Defaulted Date  
(mm/dd/yyyy)

Notes:

\*Required Fields

EPA

March 2006

## RCRAInfo CM&amp;E ENFORCEMENT FORM

*EPA ID Number <b>PADO42716084</b>			Handler Name <b>Spray Products Corporation</b>					
*ENFORCEMENT <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete			You must provide an Enforcement Identifier (also known as Seq. No.).					
*Identifier	*Enforcement Date (mm/dd/yyyy)	*Activity Location	*Agency	*Type	Sub-organization	Responsible Person	Attorney	
	5/7/2007	PA	S	125	WM	WAB		
Docket Number:								
Enforcement Notes: <b>NOV Issued on 5/7/07</b>								
Is Enforcement Type 380 (Super CA/FO) and part of a Multi-site Consent Agreement/Final Order (CA/FO)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, you must provide the CA/FO Sequence Number below. If you are the lead agency and want to add a Multi-site CAFO, please provide the CA/FO Respondent Name (required) and Notes (as necessary)								
*CA/FO Sequence Number:			*Respondent Name:					
Notes:								
Was there an Appeal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in this Section				Disposition Status				
*Appeal Initiated Date (mm/dd/yyyy)		*Appeal Resolved Date (mm/dd/yyyy)		*Disposition Status Qualifier		*Disposition Status Date (mm/dd/yyyy)		
Does this Enforcement Action Contain Corrective Action Requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Do you want to link Media? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Multimedia Section below on page 1 of this form.								
Do you want to Add/Update/Delete a Technical Requirement Milestone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please fill in Technical Requirement Milestone Section on page 2 of this form.								
LINK VIOLATIONS TO THE ABOVE ENFORCEMENT ACTION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in the Section below. Note: You can link RTC'd violations to an enforcement action.								
*Seq. No.	*Agency	*Type	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	Already RTC'd	Scheduled RTC Date (mm/dd/yyyy)	RTC Qualifier An RTC Qualifier is required if entering an Actual RTC Date	RTC Actual Date (mm/dd/yyyy)
	S	265I	FR 265.171	5/3/2007	<input type="checkbox"/>			
	S	265J	FR 265.173(a)	5/3/2007	<input type="checkbox"/>			
	S	265I	SR 265.173	5/3/2007	<input type="checkbox"/>			
	S	262.C	FR 262.346(a)(2)	5/3/2007	<input type="checkbox"/>			
	S	262.C	FR 262.346(a)(3)	5/3/2007	<input type="checkbox"/>			
	S	265I	FR 265.174	5/3/2007	<input type="checkbox"/>			
Multimedia Section (Check all that apply)								
<input type="checkbox"/> AIR	<input type="checkbox"/> CRE	<input type="checkbox"/> CRS	<input type="checkbox"/> EPC	<input type="checkbox"/> FIF				
<input type="checkbox"/> MSW	<input type="checkbox"/> ORP	<input type="checkbox"/> PCB	<input type="checkbox"/> RCA	<input type="checkbox"/> SPC				
<input type="checkbox"/> TSC	<input type="checkbox"/> UIC	<input type="checkbox"/> UST	<input type="checkbox"/> WAT	<input type="checkbox"/> WET				

\*Required Fields

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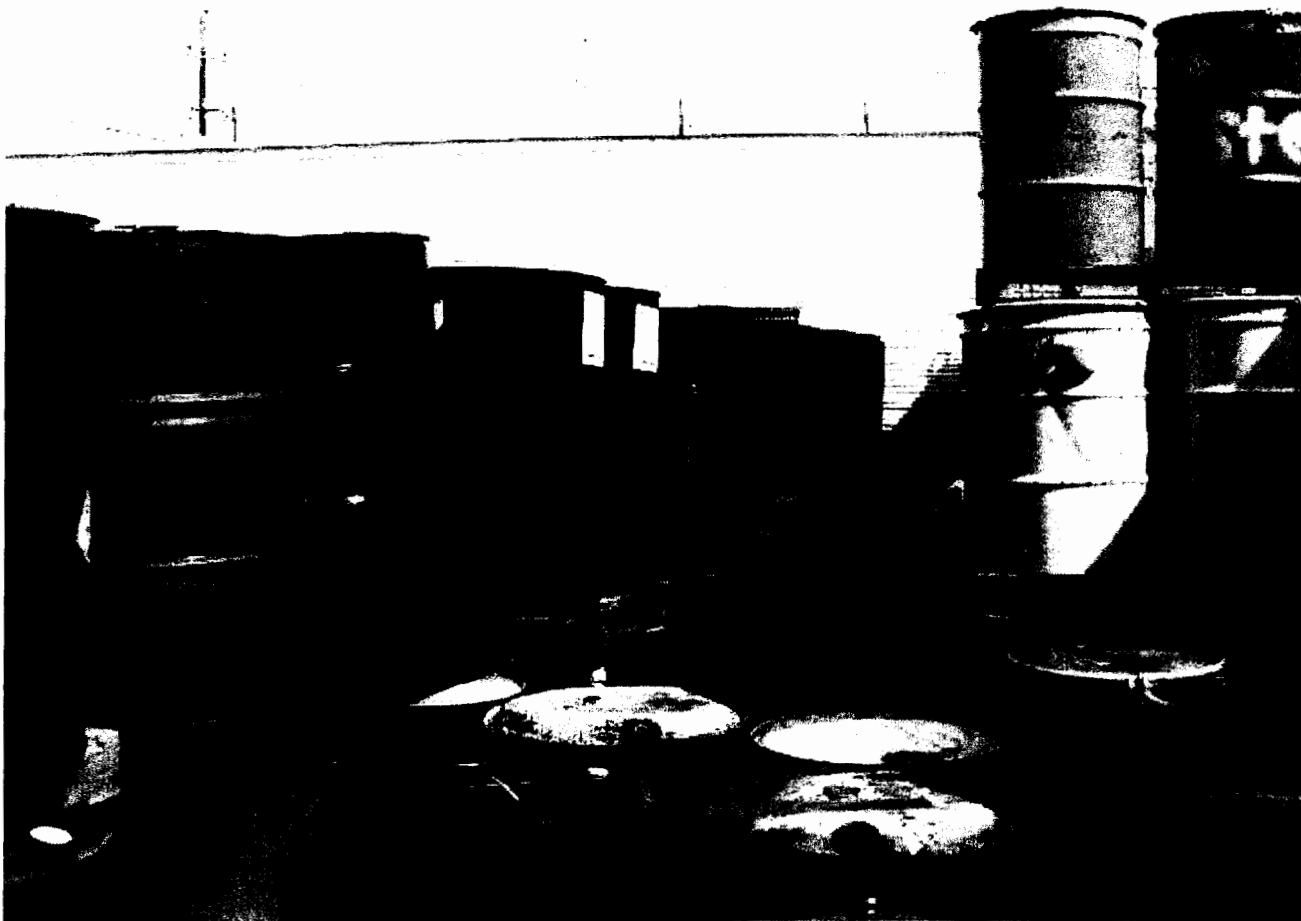


Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

### Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 8: Drums of hazardous waste were observed without labeling and were also stored in a manner which hinders access for inspections and emergency purposes.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) [Signature] Date 5-3-07



Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 7: Hazardous waste drums were observed to be open.

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) Wetzel Date 5-13-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 6: Drums of hazardous waste were observed to be in poor condition. This picture shows several bulging drums.

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) Walt B Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084  
Company/Facility/Site Name Spray Products, Inc.



Picture 5: Two drums of the waste material were observed with hazardous waste labels.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) [Signature] Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 4: Drums of hazardous waste were observed to be damaged and in poor condition.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

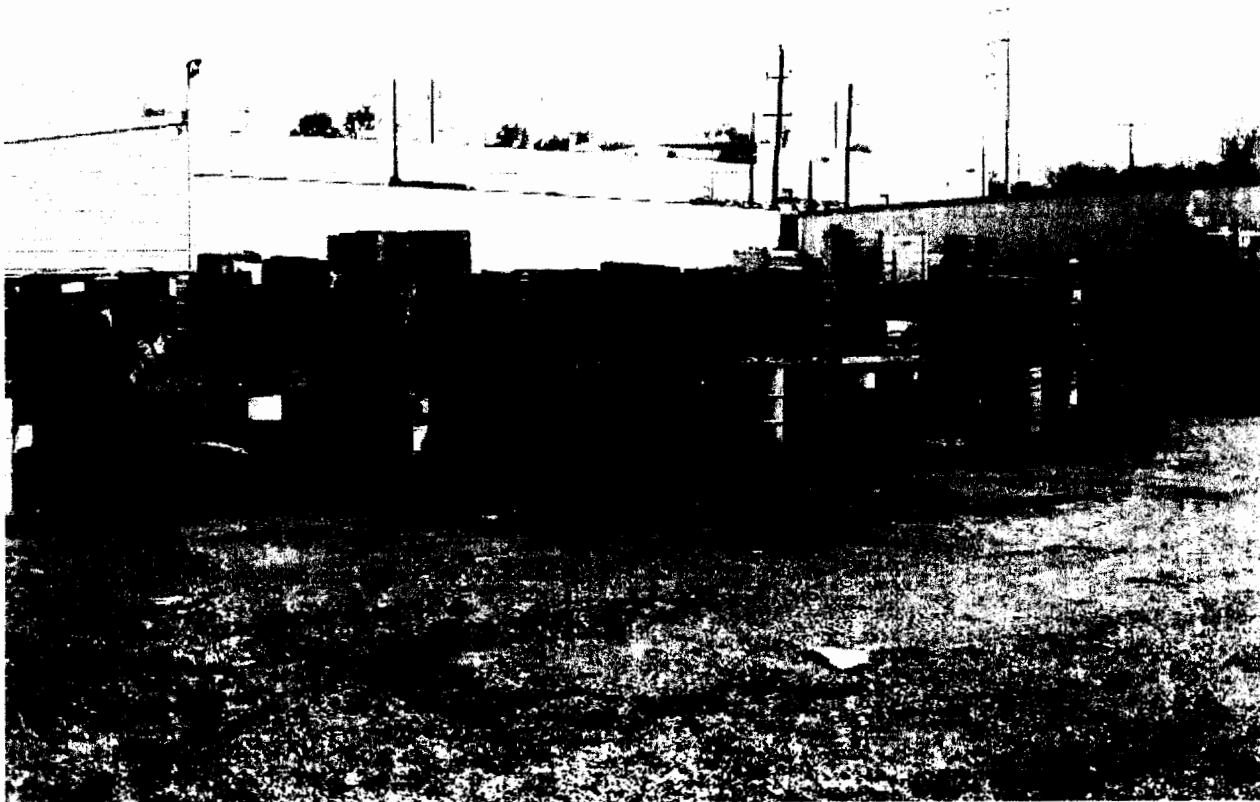
Inspector (signature) *W. J. [Signature]* Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 3: Approximately 360 drums of hazardous waste are located in the far end of the Spray Products facility.

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) [Signature] Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 2: Drums of hazardous waste were observed without labels.

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) Watt Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.



Picture 1: Hazardous waste drums in the far end of the lot. Many of the drums were unlabeled and some were damaged or observed to be open.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

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Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) W. J. [Signature] Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

# Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.

- c. Hazardous Waste Manifests – The waste manifests for 2006 and 2007 were observed. The manifests were complete and included all “return copies”.
- d. The 2006 Hazardous Waste Biennial Report - Reviewed and found to be complete.
- e. Training – Training records for hazardous waste management for several employees was reviewed and found to be up-to-date.

In summary, ~~eight~~ (8) violations were observed. Spray Products, Inc. should submit a letter to the Department with a plan and schedule for the correction of these violations. A follow-up inspection will occur within fourteen (14) days.

*This inspection report is based on the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification or violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

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Person interviewed (signature) \_\_\_\_\_

Date 3 May 2007

Inspector (signature) Walter

Date 5-3-07



Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.

6) At the far end of the lot, Spray Products stores waste aerosol cans which have been determined to be off-spec waste material. At the time of inspection, Mr. Jordan stated that there were approximately 360 drums of waste material at this location within the plant. This waste material has been stored at the facility in excess of one (1) year according to Mr. Jordan. At the time of inspection, the following violations (Pictures 1 through 8) were determined in relation to this area of the facility:

- a. Several containers of the hazardous waste were observed to be bulging, contrary to 40 CFR 265.171.
- b. Several waste containers were observed with open lids, contrary to 40 CFR 265.173(a).
- c. The waste within this area of the facility is not included in the weekly inspection of the hazardous waste storage area, contrary to 40 CFR 265.174.
- d. With the exception of two containers, the hazardous waste observed did not have labels which identified the material as hazardous waste or listed the accumulation date of the material, contrary to the Solid Waste Management Act 6018.403(b)(2) and 40 CFR 262.34(a)(2) and (3).
- e. Spray Products has stored the hazardous waste in this area of the facility in excess of 90 days, contrary to 40 CFR 262.34(a).
- f. Spray Products has stored hazardous wastes in a manner which hinder access for inspection and emergency access, contrary to 25 Pa Code 265.173.

7) Hazardous waste is managed by RINECO, and waste is transported by Maumee Express, Inc (NJD986607380) for disposal at RINECO in Benton, AR (ARD981057870). The last hazardous waste shipment occurred on March 28, 2007. Spray Products has a waste pickup for the hazardous waste in the far end of the lot scheduled for May 10<sup>th</sup>.

8) The following documents were reviewed:

- a. Source Reduction Strategy – Observed to be complete and up-to-date.
- b. PPC Plan – Observed to be complete an up-to-date.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification or violations may be issued, including either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

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Person interviewed (signature)  Date 3 May 2007

Inspector (signature) Waters Date 5-3-07

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection May 3, 2007 Identification Number PAD042716084

Company/Facility/Site Name Spray Products, Inc.

On this date, Solid Waste Specialist Walt Bair conducted a routine hazardous waste generator inspection at this facility. Mr. Guy Jordan granted access to the facility and was the tour guide for the inspection. The following observations were made:

- 1) Spray Products is listed as a large quantity generator of hazardous waste by the US EPA. Spray Products is an aerosol canning company for spray paints and solvents. The hazardous waste streams are waste paint, waste heptane and waste aerosol.
- 2) The "Gas House Building" was observed. Propellant and product are added to aerosol cans at this location. At the end of the day or when a production line changes, the machine is cleaned out. The clean out material is placed in a 55-gallon satellite accumulation drum. At the time of inspection one satellite accumulation drum of waste acetone was observed. The drum was properly managed and labeled accordingly.
- 3) The 90-day storage area consists of four pods that are completely enclosed and rest on top of containment pallets. Each pod holds up to four (4), 55-gallon drums of material. During today's inspection the hazardous waste storage area was empty.
- 4) The 90-day, hazardous waste storage area is inspected weekly. Logs of the weekly inspections were observed and found to be complete and up-to-date.
- 5) Spray Products has an aerosol can crusher on site. This machine crushes aerosol cans so they can be recycled, while the material goes into a satellite 55-gallon drum for disposal. The waste generated at this machine is hazardous waste. At the time of inspection an empty 55-gallon drum was observed in the can crushing machine. It is recommended that Spray Products place a hazardous waste label on this drum as soon as the can crushing operation begins to comply with the satellite accumulation requirements.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report was not intended to create or imply liability from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_

Date 3 May 2007

Inspector (signature) Walt Bair

Date 5-3-07

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Spray Products ID Number PAD042716084 Date May 3, 2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS</b> (Subchapter I)			
x				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
		x		Containers of hazardous waste in good condition	265a.1	265.171	H026 ✓
x				Containers and stored waste compatible	265a.1	265.172	H027
		x		Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028 ✓
x				Containers managed to prevent leaks	265a.1	265.173(b)	H029
		x		Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030 ✓
		x		Container storage areas inspected at least weekly	265a.1	265.174	H031 ✓
x				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
x				Proper containment and collection systems in place	265a.179		H033
x				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
		x		Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035 ✓
		x		Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036 ✓
		x		Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037 ✓

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Spray Products ID Number PAD042716084 Date May 3, 2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
x				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
x				Identification Number	262a.10	262.12	H002
x				Authorized transporters only	262a.10	262.12(c)	H003
x				Subsequent notification requirements met	262a.12(b)		H004
x				Proper manifest used	262a.10	262.21	H005
x				Manifests filled out correctly and completely	262a.20		H006
x				Manifests signed and routed properly	262a.23(a)	262.23	H007
		x		Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	x			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	x			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
x				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
x				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
x				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
x				Specified records retained for three years	262a.10	262.40(c)	H014
x				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
x				Exception reporting procedures followed	262a.42	262.42	H016
x				Spill reporting procedures followed	262a.10	262.34(d)	H017
x				PPC plan developed and implemented	262a.10	262.34(a)	H018
x				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
x				Source reduction strategy prepared and available (LQG only)	262a.100		H020
x				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

Inspection Date 5/3/07Time Start 9:30amTime Finish 12 noon**HAZARDOUS WASTE INSPECTION REPORT**☒ **GENERATOR**☐ **S Q GENERATOR**

eFacts: 1619566

Company name Spray ProductsEPA I.D. Number PAD042716084

Employer I.D. Number (EIN) \_\_\_\_\_

Site Address 1323 Conshohocken Rd., Norristown, PACounty MontgomeryMunicipality Plymouth TownshipZip 19401Name of Inspector Walt Bair, Solid Waste SpecialistName & Title of Responsible Official William Bastian, Vice PresidentPerson Interviewed Guy JordanTelephone ( 800 ) 543-7710

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds \_\_\_\_\_ Kgs

**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

**3. Hazardous Waste Transporters:**Transporter Name Maumee Express, Inc License Number PA-AH 778

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

**4. Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001, D003, F003	Flammable Liquid, Acetone	RINECO
D001	Flammable Liquid, Heptane	Benton, Arkansas
D001	Waste Aerosols	ARD0981057870

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM**

(Attach to RCRAInfo CM&amp;E Evaluation – Violation Form, if appropriate)

<b>EPA ID Number</b>		<b>Handler Name</b>			
PAD042716084		Spray Products Corporation			
<b>VIOLATION</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
<b>Notes:</b> <u>Generator waste accumulated on site for &gt; 90 days as per</u>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	
FR		40 CFR 262.34(a)			
<b>VIOLATION</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
<b>Notes:</b>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	
<b>VIOLATION</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					<b>Link to Above Evaluation</b> <input type="checkbox"/>
<b>Seq. No</b>	<b>Violation Type</b>	<b>Agency</b>	<b>Determined Date (mm/dd/yyyy)</b>	<b>Return to Compliance (RTC) Qualifier</b>	<b>Actual RTC Date (mm/dd/yyyy)</b>
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
<b>Notes:</b>					
<b>LINK CITATIONS TO ABOVE VIOLATION?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>	
<b>Citation Type</b>		<b>Citation</b>		<b>Citation Type</b>	

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM**

(Attach to RCRAInfo CM&amp;E Evaluation – Violation Form, if appropriate)

EPA ID Number	Handler Name
PAD042716084	Spray Products Corporation

VIOLATION ☒ Add ☐ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date	

Notes: Container storage area inspection.

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.174		

VIOLATION ☒ Add ☐ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Container not accurately labeled.

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
SS	SWMA 6018.403(b)(2)		

VIOLATION ☒ Add ☐ Update ☐ Delete Link to Above Evaluation ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ If Yes, fill in information below

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34		

**RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM**

(Attach to RCRAInfo CM&amp;E Evaluation – Violation Form, if appropriate)

<b>EPA ID Number</b>	<b>Handler Name</b>
PAD042716084	Spray Products Corporation

<b>VIOLATION</b>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	<b>Link to Above Evaluation</b> <input checked="" type="checkbox"/>
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Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.1	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Proper management of containers.

<b>LINK CITATIONS TO ABOVE VIOLATION?</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>
---	---	-----------------------------	--

Citation Type	Citation	Citation Type	Citation
SR	25 Pa Code 265a.173		

<b>VIOLATION</b>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	<b>Link to Above Evaluation</b> <input checked="" type="checkbox"/>
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Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Containers not clearly marked

<b>LINK CITATIONS TO ABOVE VIOLATION?</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>
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Citation Type	Citation	Citation Type	Citation
FR	262.34(a)(2)		

<b>VIOLATION</b>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	<b>Link to Above Evaluation</b> <input checked="" type="checkbox"/>
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Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	

Notes: Containers not labeled H60

<b>LINK CITATIONS TO ABOVE VIOLATION?</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<b>If Yes, fill in information below</b>
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Citation Type	Citation	Citation Type	Citation
FR	262.34(a)(3)		



EPA ID Number				Handler Name			
PAD042716084				Spray Products Corporation			
<b>VIOLATIONS SECTION</b>							
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
	265.1	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: <u>Containers at Hq not in good condition</u>							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 265.171					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
	265.1	S	5/3/2007	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: <u>Containers not kept closed during addition or removal of waste</u>							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 265.173(a)					
<b>HANDLER SECTION (Fill out if RCRA Non-Notifier)</b>							
Handler Name			Contact				
Street							
City			State		Zip Code		
County							
<b>UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)</b>							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> If the transporter box is checked, you must check at least one mode of transportation below: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

\*Required Fields

# RCRAInfo CM&E EVALUATION – VIOLATION FORM

<b>*EPA ID Number</b>		PAD042716084			<b>EIN</b>		
<b>Handler Name</b>		Spray Products Corporation					
<b>Street</b>	1323 Conshohocken Road						
<b>City</b>	Norristown	<b>State</b>	PA	<b>Zip Code</b>	19401		
<b>Actual Generator Status</b> <small>Check only if different from Notified Status.</small>		LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>					
<b>Universe Change Required?</b> <small>(Generator Status Change Required)</small>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).					
<b>RCRA Non-Notifier?</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
<b>Other Facility Information Changes?</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).					
<b>*EVALUATION</b>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
<b>*Evaluation Identifier</b>	<b>*Type</b>	<b>*Evaluation Start Date (mm/dd/yyyy)</b>	<b>*Agency</b>	<b>Responsible Person</b>	<b>Suborganization</b>		
	CEI	5/3/2007	S	WAB	WM		
<b>Day Zero (mm/dd/yyyy):</b> You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			5/3/2007	<b>Reclassified SV Date:</b> Only applicable for SNY evaluation type as appropriate.		5/3/2007	
<b>Notes:</b> LQG Inspection - Multiple Violations (8)							
<b>Evaluation Indicator Field (Check all that apply)</b> <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
<b>Focused Coverage Areas (Use Only for Evaluation Type FCI)</b> Regulation-Specific FCI BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ Routine/Standardized FCI CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
<b>Does this Evaluation Add/Update/Delete a Violation?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.		
<b>Does this Evaluation link to a Commitment?</b>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
<b>Does this Evaluation link to a 3007 Request?</b>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
<b>OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?</b>					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.		
<b>*Seq. No.</b>	<b>*Violation Type</b>	<b>*Agency</b>	<b>*Regulation Citation (Type + Citation)</b> <small>(ex. FR 262.1)</small>		<b>*Date Determined (mm/dd/yyyy)</b>		

\*Required Fields



Inspection Report Comments

Date of Inspection 2/24/93 Identification Number PADO42716084

Company/Facility/Site Name SPRAY PRODUCTS

On February 24, 1993 an inspection was performed by Brian Kosowski at Spray Products, Inc. Mr. Andrew Oss was present during the inspection.

A tour of the plant revealed that Spray Products Inc. does not operate as a TSD. Prior to 1983 the company had stored waste over a 90 day period and was permitted for storage. In 1983 the company notified the EPA and the Department that it is not a TSD Facility.

To identify the correct status of this company it is suggested that Spray Products Inc. submit a subsequent EPA notification and DER notification form to the Department. These completed forms will be sent to the EPA through central office.

The company is presently a large quantity generator of hazardous waste. The waste stream (F003) is transported and disposed of by Safety Kleen within 90 days of generation.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) copy left- 2/24/93 Date \_\_\_\_\_

Inspector (signature) Brian M. Kosowski Date 2/24/93

Page \_\_\_\_\_ of \_\_\_\_\_

Hazardous Waste Inspection Report  
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation
1	2	3	4			40 CFR Part 268
				<b>Generators</b>		
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Dilution not used as a substitute for treatment.		3
				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				<b>Storage Facilities</b>		
	X			Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
	X			Containers marked to identify contents and accumulation date.		50(a)(2)
	X			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
	X			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
	X			Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				<b>Treatment Facilities, Including PBR and RRR Facilities</b>		
				Dilution not used as a substitute for treatment.		3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
				Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				<b>Land Disposal Facilities</b>		
				Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
				Facility retains copies of generator notifications and certifications.		7(c)(1)

# Hazardous Waste Inspection Report TSD Facilities — Part B (Continued)

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.285
	X			Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.		(i)(5)
	X			Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.		(i)(6)
	X			Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item.		(i)(7)
	X			Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary.		(i)(8)
	X			One employee designated as the primary emergency coordinator either on the premises or on call.		(i)(11)
	X			Facility accepting only PA manifests.		(j)
	X			Manifest properly completed and routed within time limits (24 hrs.)		(j)(2), (3)
	X			Manifest discrepancies resolved or reported within time limits.		(j)(10), (11)
	X			Written operating record maintained on the premises.		(k)
	X			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal.		(k)(2)(i)
	X			Written operating record contains location and quantity of each hazardous waste.		(k)(2)(ii)
	X			Written operating record contains results of waste analyses and treatability tests.		(k)(2)(iii)
	X			Written operating record contains reports and details of all incidents.		(k)(2)(iv)
	X			Written operating record contains records and results of all inspections.		(k)(2)(v)
	X			Written operating record contains required monitoring, testing, and analytical data.		(k)(2)(vi)
	X			Written operating record contains closure and post-closure cost estimates		(k)(2)(vii)
	X			All records retained on premises and available for inspection.		(l)
	X			Quarterly reports submitted to the Department.		(m)
	X			Emissions, discharges, fires, explosions, and groundwater contamination reported as required.		(m)(2)
	X			Groundwater monitoring wells located at approved sites.		(n)(2)
	X			Adequate protection groundwater monitoring wells.		(n)(7)
	X			Groundwater sampling and analysis plan on the premises.		(n)(8)
	X			Groundwater quality assessment and abatement outline on the premises.		(n)(14)
	X			Closure plan on the premises and up-to-date.		(o)(2)–(9)
	X			Post-closure plan on the premises and up-to-date.		(o)(10)–(19)
	X			Annual closure cost estimate on the premises and up-to-date.		(p)(2)–(4)
	X			Annual post-closure cost estimate on the premises and up-to-date.		(p)(5)–(7)

Hazardous Waste Inspection Report  
TSD Facilities - Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	
Status				REQUIREMENT			Chapter Citation
1	2	3	4				75.285
	X			Part A permit application submitted.			(a)(2), (z)(2)
X				Identification number.			(b)
	X			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.			(b)(1)
	X			Waste streams not covered by permit approved by the Department before acceptance.			(c)(1)
	X			Chemical and physical analyses repeated as required.			(c)(1)
	X			All waste shipments inspected and sampled.			(c)(2)
	X			Waste analysis plan on-site.			(c)(3)
	X			24 hr. surveillance at active portion.			(d)(2)(i)
	X			Artificial barrier at active portion.			(d)(2)(ii)
	X			Proper signs posted and legible at a distance of at least 25 ft.			(d)(3)
	X			Inspection schedule on-site.			(e)(2)
	X			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.			(e)(4)
	X			Immediate remedial action taken where a hazard is imminent or has already occurred.			(e)(4)
	X			On the job or classroom personnel training program.			(f)
	X			Records retained for each employee at facility of training, job title, and job description.			(f)(6), (7)
	X			Ignitable or reactive wastes separated from source of ignition or reaction.			(g)(1)
	X			No smoking signs displayed where there are hazards from ignitable or reactive wastes.			(g)(1)
	X			Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.			(g)(2)
	X			Facility maintained/operated to minimize possibility of fire, explosion, or discharge of hazardous waste or hazardous constituents.			(h)(1)
	X			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel.			(h)(2)(i)
	X			Facility equipped with a device for summoning outside emergency assistance.			(h)(2)(ii)
	X			Facility equipped with fire control, spill control, and decontamination equipment.			(h)(2)(iii)
	X			Facility equipped with water at adequate volume and pressure to supply fire control equipment.			(h)(2)(iv)
	X			Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.			(h)(3)
	X			Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.			(h)(6)
	X			Contingency plan on-site and implemented.			(i)(1)
	X			Contingency plan describes action taken by personnel in the event of an emergency.			(i)(3)

TS/LQ → LQ  
TSDHazardous Waste Inspection Report  
TSD Facilities - Part A

Date of inspection 2/24/93 Time start 1:00 PM Time finish 2:00 PM  
Name of inspector BRIAN KOSOWSKI  
Company, installation name SPRAY PRODUCTS  
Location 1323 CONSTITUTION RD  
County MONTGOMERY Municipality PLYMOUTH TWP  
Identification number PAD 042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address PO BOX 737 NORRISTOWN PA 19404  
Area code and telephone number (215) 277-1010  
Name of person interviewed ANDREW ORR  
Title \_\_\_\_\_  
Mailing address (if different from above) \_\_\_\_\_  
Area code and telephone number \_\_\_\_\_

1. Site characterization: NA

- |    |                                    |   |                                   |   |  |
|----|------------------------------------|---|-----------------------------------|---|--|
| a. | <input type="checkbox"/> Treatment | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> chemical | <input type="checkbox"/> physical             | <input type="checkbox"/> biological        |
| b. | <input type="checkbox"/> Storage   | <input type="checkbox"/> containers           | <input type="checkbox"/> tanks    | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> waste piles       |
| c. | <input type="checkbox"/> Disposal  | <input type="checkbox"/> land treatment       | <input type="checkbox"/> landfill | <input type="checkbox"/> incineration         | <input type="checkbox"/> thermal treatment |
| d. | <input type="checkbox"/> Use       | <input type="checkbox"/> reuse                | <input type="checkbox"/> recycle  | <input type="checkbox"/> reclaim              |  |

2. Does the facility generate hazardous wastes? ☒ Yes ☐ No3. Types of hazardous waste produced by Hazardous Waste Number: F0034. Are hazardous wastes transported off-site by the facility? ☐ Yes ☒ No



92

## Inspection Report Comments

Date of Inspection 9/30/92 Identification Number PAD042716084  
Company/Facility/Site Name SPRAY PRODUCTS

INSPECTION OF THE FACILITY WAS PERFORMED  
BY BRIAN KOSOWSKI ON SEPTEMBER 30, 1992.

NO HAZARDOUS WASTE WAS PRESENT DURING  
THIS INSPECTION. WASTE STREAMS APPEARED TO BE  
HANDLED PROPERLY. THIS FACILITY IS A GENERATOR OF  
HAZARDOUS WASTE, HOWEVER; THE FACILITY DOES NOT TREAT  
OR STORE WASTE AND DOES NOT OPERATE AS A TSD. MR.  
ORB WAS NOTIFIED ON THIS DATE THAT SPRAY PRODUCT  
SHOULD NOTIFY EPA THAT IT IS NOT A TSD AND  
NEVER OPERATED AS A TSD.

LAND BAN AND PAPERWORK WERE REVIEWED AND  
IN COMPLIANCE.

NO VIOLATIONS WERE NOTED DURING THE INSPECTION.

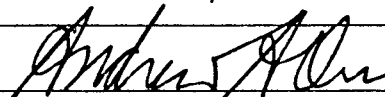
In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature)



Date

9-30-92

Inspector (signature)

Brian Kosowski

Date

9-30-92

Page \_\_\_\_ of \_\_\_\_



Hazardous Waste Inspection Report  
Generators — Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			262
X				Hazardous waste determination, copies available		.11
X				Identification number		.12(a)
X				Hazardous waste shipments offered only to licensed transporters		.12(d)
X				Authorization received from TSD facility for wastes shipped off-site		.13
X				PA manifest used for intrastate shipments		.20(b)
	X			Disposer state manifest or EPA format manifest used for out-of-state shipments		.20(c)
X				Manifests filled out properly and completely		.20(g)
X				Manifests routed properly and within time limits (7 days)		.23(e) or (f)
X				Proper U.S. DOT shipping containers or packages		.30(1)
X				Shipping containers marked and labeled according to U.S. DOT		.30(2)
	X			Containers of 110 gal. or less marked with required PA label		.30(3)
X				Placards offered to transporter		.33
X				Wastes accumulated on-site for less than 90 days		.34(1)
X				Wastes stored in proper containers and properly marked and labeled		.34(2)
X				Containers managed in accordance with 265.171-.177		.34(3)
X				Containers clearly marked with accumulation date and visible for inspection		.34(4)
X				Records retained at designated location for 20 years		.40
X				Quarterly reports submitted to the Department		.41
X				Exception reporting procedures followed		.42
	X			Hazardous waste disposal plan, if required		.45
X				Spill reporting procedures followed		.46(a)
X				Preparedness, Prevention and Contingency Plan and implemented		.46(e)
	X			Special requirements followed for international shipments		50.53.55.60
X				On the job or classroom personnel training program 265.16		.34(a)(5)
X				Drum accumulation area inspected weekly as per 265.174		.34(a)(3)

## Hazardous Waste Inspection Report Generators — Part A

Date of inspection 4/30/92 Time start 1:20 PM Time finish 3:00 PM  
Name of inspector BRIAN KOSOWSKI  
Company, installation name SPRAY PRODUCTS CORPORATION  
Location 1323 CONSHOHOCKEN RD.  
County MONTGOMERY Municipality PLYMOUTH TWP  
Identification number PAD042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address P.O. BOX 737 NORRISTOWN PA 19404  
Area code and telephone number (215) 277-1010  
Name of person interviewed SAME  
Title "  
Mailing address (if different from above) \_\_\_\_\_  
Area code and telephone number \_\_\_\_\_

**1. Current waste handling method:**

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☐ PBR
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☐ disposal ☒ INCINERATION
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

**2. Amount of hazardous waste produced:**

- a. QUARTERLY AVERAGE = 4000 lbs kg./mo.
- b. 15,000 lbs/YR kg./yr.

<b>Waste Number</b>	<b>Destination Facility</b>	<b>Location and Type</b>
---------------------	-----------------------------	--------------------------

Waste Number	Destination Facility	Location and Type
FOO3	SAFETY KLEEN	INCINERATION / ALT. <del>ENERGY</del> ENERGY
		LINDEN, NJ

# Hazardous Waste Inspection Report TSD Facilities -- Storage (Containers)

1--No Violation Observed				2--Not Applicable				3--Not Determined				4--Non-Compliance			
Status				REQUIREMENT								Chapter Cited			
1	2	3	4									264	265		
X				Containers managed to prevent leaks and spills. /Defective replaced with good containers								171	171(b)		
X				Containers are compatible with waste stored.								172	172(b)		
X				Containers are closed during storage.								173(a)	173(a)		
X				Container storage area inspected weekly for leaks, deterioration, etc.								174	174		
X				Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.								176	176		
X				Satisfactory procedures followed for handling incompatible wastes.								177	177(a,b)		
X				Incompatible wastes separated or protected from other materials.								177(c)	177(c)		
X				Containers accumulation areas have containment system capable of collecting and holding spills, leaks, and precipitation.								175(a)	175(a)		
X				Containment system has impervious base free of cracks.								175(a)(1)	175(a)(1)		
X				Efficient drainage provided from base to sump or collection system.								175(a)(2)	175(a)(2)		
X				Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater.								175(a)(3)	175(a)(3)		
X				Run-on into containment system prevented.								175(b)	175(b)		
X				Spilled or leaked waste and accumulated precipitation removed from sump or collection system with sufficient frequency to prevent overflow.								175(c)	175(c)		
X				At closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, bases, and soil decontaminated or removed.								178	178(a)		
X				Indoor accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria (≤6 feet high, 8 ft x 8 ft, 5-foot surrounding aisle space).								179(1)	179(e)(1)		
X				Outdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria (≤9 feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).								179(2)	179(e)(2)		
X				Minimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes.								179(2)	179(e)(2)		
X				Accumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria (≤9 feet high).								179(3)	179(e)(3)		
X				Containers labeled to accurately identify hazardous waste contained.								Act 97 Section 6018.403(e)	2)		

## Hazardous Waste Inspection Report

### TSD Facilities — Part B (Continued)

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
	X			Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.		(i)(5)
	X			Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.		(i)(6)
	X			Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item.		(i)(7)
	X			Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary.		(i)(8)
	X			One employee designated as the primary emergency coordinator either on the premises or on call.		(i)(11)
	X			Facility accepting only PA manifests.		(j)
	X			Manifest properly completed and routed within time limits (24 hrs.)		(j)(2), (3)
	X			Manifest discrepancies resolved or reported within time limits.		(j)(10), (11)
	X			Written operating record maintained on the premises.		(k)
	X			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal.		(k)(2)(i)
	X			Written operating record contains location and quantity of each hazardous waste.		(k)(2)(ii)
	X			Written operating record contains results of waste analyses and treatability tests.		(k)(2)(iii)
	X			Written operating record contains reports and details of all incidents.		(k)(2)(iv)
	X			Written operating record contains records and results of all inspections.		(k)(2)(v)
	X			Written operating record contains required monitoring, testing, and analytical data.		(k)(2)(vi)
	X			Written operating record contains closure and post-closure cost estimates		(k)(2)(vii)
	X			All records retained on premises and available for inspection.		(l)
	X			Quarterly reports submitted to the Department.		(m)
	X			Emissions, discharges, fires, explosions, and groundwater contamination reported as required.		(m)(2)
	X			Groundwater monitoring wells located at approved sites.		(n)(2)
	X			Adequate protection groundwater monitoring wells.		(n)(7)
	X			Groundwater sampling and analysis plan on the premises.		(n)(8)
	X			Groundwater quality assessment and abatement outline on the premises.		(n)(14)
	X			Closure plan on the premises and up-to-date.		(o)(2)—(9)
	X			Post-closure plan on the premises and up-to-date.		(o)(10)—(19)
	X			Annual closure cost estimate on the premises and up-to-date.		(p)(2)—(4)
	X			Annual post-closure cost estimate on the premises and up-to-date.		(p)(5)—(7)

Hazardous Waste Inspection Report  
TSD Facilities – Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
	X			Part A permit application submitted.		(a)(2), (z)(2)
	X			Identification number.		(b)
	X			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.		(b)(1)
	X			Waste streams not covered by permit approved by the Department before acceptance.		(c)(1)
	X			Chemical and physical analyses repeated as required.		(c)(1)
	X			All waste shipments inspected and sampled.		(c)(2)
	X			Waste analysis plan on-site.		(c)(3)
	X			24 hr. surveillance at active portion.		(d)(2)(i)
	X			Artificial barrier at active portion.		(d)(2)(ii)
	X			Proper signs posted and legible at a distance of at least 25 ft.		(d)(3)
	X			Inspection schedule on-site.		(e)(2)
	X			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.		(e)(4)
	X			Immediate remedial action taken where a hazard is imminent or has already occurred.		(e)(4)
	X			On the job or classroom personnel training program.		(f)
	X			Records retained for each employee at facility of training, job title, and job description.		(f)(6), (7)
	X			Ignitable or reactive wastes separated from source of ignition or reaction.		(g)(1)
	X			No smoking signs displayed where there are hazards from ignitable or reactive wastes.		(g)(1)
	X			Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.		(g)(2)
	X			Facility maintained/operated to minimize possibility of fire, explosion, or discharge of hazardous waste or hazardous constituents.		(h)(1)
	X			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel.		(h)(2)(i)
	X			Facility equipped with a device for summoning outside emergency assistance.		(h)(2)(ii)
	X			Facility equipped with fire control, spill control, and decontamination equipment.		(h)(2)(iii)
	X			Facility equipped with water at adequate volume and pressure to supply fire control equipment.		(h)(2)(iv)
	X			Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.		(h)(3)
	X			Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.		(h)(6)
	X			Contingency plan on-site and implemented.		(i)(1)
	X			Contingency plan describes action taken by personnel in the event of an emergency.		(i)(3)

Hazardous Waste Inspection Report  
TSD Facilities - Part A

Date of inspection 4/30/92 Time start 1:20 PM Time finish 3:00 PM  
Name of inspector BRIAN KOSOWSKI  
Company, installation name SPRAY PRODUCTS CORP.  
Location 1323 CONSHOHOCKEN RD  
County MONTGOMERY Municipality PLYMOUTH  
Identification number PAD 042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address PO BOX 737 NORRISTOWN PA 19404  
Area code and telephone number (215) 277-1010  
Name of person interviewed & SAME  
Title \_\_\_\_\_  
Mailing address (if different from above) \_\_\_\_\_  
Area code and telephone number \_\_\_\_\_

1. Site characterization: N/A

- |    |                                    |   |                                   |   |  |
|----|------------------------------------|---|-----------------------------------|---|--|
| a. | <input type="checkbox"/> Treatment | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> chemical | <input type="checkbox"/> physical             | <input type="checkbox"/> biological        |
| b. | <input type="checkbox"/> Storage   | <input type="checkbox"/> containers           | <input type="checkbox"/> tanks    | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> waste piles       |
| c. | <input type="checkbox"/> Disposal  | <input type="checkbox"/> land treatment       | <input type="checkbox"/> landfill | <input type="checkbox"/> incineration         | <input type="checkbox"/> thermal treatment |
| d. | <input type="checkbox"/> Use       | <input type="checkbox"/> reuse                | <input type="checkbox"/> recycle  | <input type="checkbox"/> reclaim              |  |

2. Does the facility generate hazardous wastes? ☐ Yes ☒ No3. Types of hazardous waste produced by Hazardous Waste Number: N/A4. Are hazardous wastes transported off-site by the facility? ☐ Yes ☒ No

Handler ID Number				Handler Name			
VIOLATION				Add	Change	Delete	Link to Above Evaluation? (Y/N)
Agency <input type="checkbox"/>	Number <input type="text"/>	Area <input type="text"/>	Class <input type="text"/>	Regulation Type <input type="text"/>	Regulation Citation <input type="text"/>		
Date Determined <input type="text"/>		Priority <input type="text"/>	Branch <input type="text"/>	Person <input type="text"/>	Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/>		
Comments <input type="text"/>							

VIOLATION				Add	Change	Delete	Link to Above Evaluation? (Y/N)
Agency <input type="checkbox"/>	Number <input type="text"/>	Area <input type="text"/>	Class <input type="text"/>	Regulation Type <input type="text"/>	Regulation Citation <input type="text"/>		
Date Determined <input type="text"/>		Priority <input type="text"/>	Branch <input type="text"/>	Person <input type="text"/>	Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/>		
Comments <input type="text"/>							

VIOLATION				Add	Change	Delete	Link to Above Evaluation? (Y/N)
Agency <input type="checkbox"/>	Number <input type="text"/>	Area <input type="text"/>	Class <input type="text"/>	Regulation Type <input type="text"/>	Regulation Citation <input type="text"/>		
Date Determined <input type="text"/>		Priority <input type="text"/>	Branch <input type="text"/>	Person <input type="text"/>	Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/>		
Comments <input type="text"/>							

ENFORCEMENT				Add	Change	Delete
Date <input type="text"/>	Number <input type="text"/>	Agency <input type="text"/>	Type <input type="text"/>	Branch <input type="text"/>	Person <input type="text"/>	Attorney Initials <input type="text"/>
Penalty Assessed \$ <input type="text"/>			Settled \$ <input type="text"/>			

**POLLUTION PREVENTION ENFORCEMENT COMPONENTS COVERED BY THIS ACTION**

PPE - Pollution Prevention <input type="checkbox"/>	EAE - Environmental Auditing <input type="checkbox"/>
PRE - Pollution Reduction <input type="checkbox"/>	EPE - Environmental Public Awareness <input type="checkbox"/>
ERE - Environmental Restoration <input type="checkbox"/>	(mark only one in this section)

**VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION**

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PENALTY PAYMENTS**

Date	Amount	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments



# EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number	Handler Type	Date Submitted
PAD 042716084	LDF [ ] TSF [x] INC [ ] LQG [x] SQG [ ] TRA [ ]	09/30/92
Handler Name		
SPRAY PRODUCTS		
Street	City	
1323 CONSHOHOCKEN RD	PLYMOUTH TOWNSHIP	

EVALUATION	Add	Change	Delete
Date	Number	Agency	Type
09/30/92		S	CEI
Reason	Branch	Person	
OG		B.M.K.	

AREAS OF EVALUATION ( E - Evaluated NE - Not Evaluated NA - Not Applicable )

GER	E	GPT		TGR		DCH		DGW		DMC		DPP		CAS	
GGR	E	GRR	E	TMR		DCL	E	DIN		DMR		DSI		FEA	
GLB	E	GSC		TOR		DCP		DLB	E	DOR		DTR		CSS	
GMR	E	GSQ		TRR		DFR		DLF		DOT		DTT			
GOR		GEX		TWD		DGS	E	DLT		DPB		DWP			

Comments SITE IS NOT A TSD. IT IS A LQG. TC CHECK

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

VIOLATION	Add	Change	Delete	Link to Above Evaluation? (Y/N)
Agency	Number	Area	Class	Regulation Type
Date Determined	Priority	Branch	Person	Returned to Compliance
				Scheduled Actual

Comments

VIOLATION	Add	Change	Delete	Link to Above Evaluation? (Y/N)
Agency	Number	Area	Class	Regulation Type
Date Determined	Priority	Branch	Person	Returned to Compliance
				Scheduled Actual

Comments

## Part C - Comments

Site of inspection 1/12/88 Identification number 0042716084  
Company, Installation name SPRAY PRODUCTS  
County MONTGOMERY Municipality PLYMOUTH

WASH solvent previously was hazardous waste generated. Waste solvent is now used in the process - essentially eliminating hazardous waste generated in this manner.

No hazardous waste is present on site at this time - none has been generated since the last shipment on 10/30/86.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature)

Date

Inspector (signature)

Date



HAZARDOUS WASTE INSPECTION REPORT  
Generators - Part A

Date of inspection 1/12/88 Time start 2:30 Time finish \_\_\_\_\_  
Name of inspector CAROL A. QUIGLEY  
Company, installation name SPRAY PRODUCTS INC  
Location CONSHOHOCKEN ROAD  
County MONTGOMERY Municipality PLYMOUTH TWP  
Identification number PA0042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address PO Box 737, NORRISTOWN PA 19404  
Area code and phone no. (215) 277-1010  
Name of person interviewed ANDREW ORR  
Title Same  
Mailing address (if different from above) 11  
Area code and phone no. 11

## 1. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal  
b. ☒ On-site ☐ use, ☒ reuse, ☐ recycle, ☐ reclaim  
c. ☐ Off-site ☐ treatment, ☐ storage, ☐ disposal  
d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

## 2. Amount of hazardous waste produced:

- a. \_\_\_\_\_ kg./mo.  
b. \_\_\_\_\_ kg./yr.

Last hazardous waste generated  
and shipped off site was in 1986.  
1600 kg/mo was generated  
in 1986.

## 3. Types of hazardous waste produced by Hazardous Waste Number:

D001, F003

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

Schneider Tank Lines

SUBJECT: RCRA Inspection - *SPRAY PRODUCTS, Inc. - NORRISTOWN, PA*  
*PAD 042716084*

DATE: *2/5/88*

M: *JK* Gregory A. Koltonuk, Environmental Scientist  
~~PA~~-RCRA Enforcement Section (3HW11)

File

u: *Joseph Kotlinski* *Q.M. for*  
~~Robert W. Schulz~~, Chief  
~~PA~~-RCRA Enforcement Section (3HW11)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY  
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS  
REQUIRED AT THIS TIME.

(F-wastes)



Spray Products, Inc.  
Mont Co.

Department of Environmental Resources

1875 New Hope Street  
Morristown, PA 19401  
215 631-2420

October 19, 1983

Mr. Andrew Orr, President  
Spray Products Corporation  
Box 737  
Morristown, PA 19404

Re: Identification No. PAD 042716084

Dear Mr. Orr:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at 631-2420.

Very truly yours,

LAWRENCE H. LUNSK  
Solid Waste Facilities Supervisor

cc: Plymouth Township  
Montgomery County Health Commission  
US EPA (Attn: 3A/32)  
Division of Hazardous Waste Management  
Re 30 2879.2





## Inspection Report Comments

Date of Inspection 17 SEP 91 Identification Number PADO42716084  
Company/Facility/Site Name SPRAY PRODUCTS

THERE WERE NO DRUMS IN THE HAZARDOUS WASTE STORAGE AREA DURING THE INSPECT. ACCORDING TO LAST MANIFEST DATED 28 JUN 91 - 34 DRUMS OF F003 WERE SHIPPED OFFSITE. FOR INCINERATION. LAND-BAN NOTIFICATION ATTACHED TO MANIFEST. NO VIOLATIONS NOTED DURING THIS INSPECTION.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) Andrew Allen Date 9/17/91  
Inspector (signature) William J. Fumelle Date 17 SEP 91

Page 3 of 3

Hazardous Waste Inspection Report  
Generators — Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	
Status				REQUIREMENT			Chapter Citation
1	2	3	4				75.262
X				Hazardous waste determination, copies available			(b)
X				Identification number			(c)(1)
X				Hazardous waste shipments offered only to licensed transporters			(c)(4)
X				Authorization received from TSD facility for wastes shipped off-site			(d)
		X		PA manifest used for intrastate shipments			(e)(2)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments			(e)(3)
X				Manifests filled out properly and completely			(e)(7)
X				Manifests routed properly and within time limits (7 days)			(e)(14) or (1
		X		Proper U.S. DOT shipping containers or packages			(f)(1)(i)
		X		Shipping containers marked and labeled according to U.S. DOT			(f)(1)(ii)
		X		Containers of 110 gal. or less marked with required PA label			(f)(1)(iii)
X				Placards offered to transporter			(f)(2)
X				Wastes accumulated on-site for less than 90 days			(g)(1)(i)
		X		Wastes stored in proper containers and properly marked and labeled			(g)(1)(ii)
		X		Containers managed in accordance with 75.265(q)(1)–(9)			(g)(1)(iii)
		X		Containers clearly marked with accumulation date and visible for inspection			(g)(1)(iv)
X				Records retained at designated location for 20 years			(h)
X				Quarterly reports submitted to the Department			(i)
	X			Exception reporting procedures followed			(j)
	X			Hazardous waste disposal plan, if required			(l)
	X			Spill reporting procedures followed			(m)(1)
X				Preparedness, Prevention and Contingency Plan and implemented <i>under revision</i>			(m)(5)
	X			Special requirements followed for international shipments			(o)
X				On the job or classroom personnel training program [75.265(f)] <i>Plant Manager</i>			(g)(1)(6)
				Drum accumulation area inspected weekly as per 75.265(q)(5)			(g)(1)(iii)



Hazardous Waste Inspection Report  
Generators - Part A

Date of inspection 17 SEP 91 Time start 3:45p Time finish 5p  
 Name of inspector MAURA L. TRIMBLE  
 Company, installation name SPRAY PRODUCTS CORPORATION  
 Location 1323 CONSHOHOCKEN RD  
 County MONTGOMERY Municipality PLYMOUTH TWP  
 Identification number PAD 042716084  
 Name of responsible official ANDREW ORR  
 Title PRESIDENT  
 Mailing address PO BOX 737 NORRISTOWN PA 19404  
 Area code and telephone number (215) 277-1010  
 Name of person interviewed SAME  
 Title "  
 Mailing address (if different from above) "  
 Area code and telephone number "

## 1. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☐ PBR  
 b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim  
 c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal INCINERATED  
 d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

## 2. Amount of hazardous waste produced:

a. \_\_\_\_\_ kg./mo.  
 b. 20,563 100 kg./yr. 1990 9,250 Kg / yr.

## 3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
<u>FOO 3</u>	<u>SAFETY KLEEN</u>	<u>LINDEN, NEW JERSEY</u>
<u>(ACETONE)</u>		

TRANSPORTER : SAFETY KLEEN



## Inspection Report Comments

Date of Inspection 17 SEP 91 Identification Number PAD 042716084  
Company/Facility/Site Name SPRAY PRODUCTS

THIS FACILITY IS NO LONGER A STORAGE  
FACILITY FOR HAZARDOUS WASTE. THEY ARE  
STILL A GENERATOR OF FOOD.

~~THIS~~ TSD ACTIVITY CEASED IN THE LATE '70S, EARLY  
~~SEVENTIES~~ EIGHTIES.

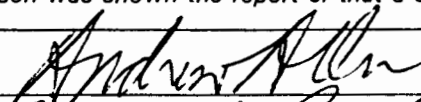
In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

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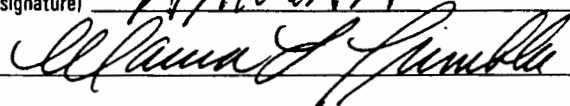
Person Interviewed (signature)



Date

9/17/91

Inspector (signature)



Date

17 SEP 91Page 5 of 5

Hazardous Waste Inspection Report  
TSD Facilities -- Storage (Containers)

1—No Violation Observed				2—Not Applicable				3—Not Determined				4—Non-Compliance			
Status				REQUIREMENT								Chapter Citation			
1	2	3	4									265			
X				Containers managed to prevent leaks and spills. /Defective replaced with good containers								.171/	.173(b)		
X				Containers are compatible with waste stored.								.172	(b)		
X				Containers are closed during storage.								.173(a)			
X				Container storage area inspected weekly for leaks, deterioration, etc.								.174			
X				Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.								.176			
X				Satisfactory procedures followed for handling incompatible wastes.								.177(a, b)			
X				Incompatible wastes separated or protected from other materials.								.177(c)			
X				Containers accumulation areas have containment system capable of collecting and holding spills, leaks, and precipitation.								.178(a)			
X				Containment system has impervious base free of cracks.								.178(a)	(1)		
X				Efficient drainage provided from base to sump or collection system.								.178(a)	(2)		
X				Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater.								.178(a)	(3)		
X				Run-on into containment system prevented.								.178(b)			
X				Soiled or leaked waste and accumulated precipitation removed from sump or collection system with sufficient frequency to prevent overflow.								.178(c)			
X				At closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, bases, and soil decontaminated or removed.								.178(d)			
X				Indoor accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria ( $\leq 6$ feet high, 8 ft x 8 ft, 5-foot surrounding aisle space).								.178(e)	(1)		
X				Outdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria ( $\leq 9$ feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).								.178(e)	(2)		
X				Minimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes.								.178(e)	(2)		
X				Accumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria ( $\leq 9$ feet high).								.178(e)	(3)		
X				Containers labeled to accurately identify hazardous waste contained.								Act. 97 Section 403(b)	(2)		

Hazardous Waste Inspection Report  
TSD Facilities — Part B (Continued)

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
	X			Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.		(i)(5)
	X			Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.		(i)(6)
	X			Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item.		(i)(7)
	X			Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary.		(i)(8)
	X			One employee designated as the primary emergency coordinator either on the premises or on call.		(i)(11)
	X			Facility accepting only PA manifests.		(j)
	X			Manifest properly completed and routed within time limits (24 hrs.)		(j)(2), (3)
	X			Manifest discrepancies resolved or reported within time limits.		(j)(10), (11)
	X			Written operating record maintained on the premises.		(k)
	X			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal.		(k)(2)(i)
	X			Written operating record contains location and quantity of each hazardous waste.		(k)(2)(ii)
	X			Written operating record contains results of waste analyses and treatability tests.		(k)(2)(iii)
	X			Written operating record contains reports and details of all incidents.		(k)(2)(iv)
	X			Written operating record contains records and results of all inspections.		(k)(2)(v)
	X			Written operating record contains required monitoring, testing, and analytical data.		(k)(2)(vi)
	X			Written operating record contains closure and post-closure cost estimates		(k)(2)(vii)
	X			All records retained on premises and available for inspection.		(l)
	X			Quarterly reports submitted to the Department.		(m)
	X			Emissions, discharges, fires, explosions, and groundwater contamination reported as required.		(m)(2)
	X			Groundwater monitoring wells located at approved sites.		(n)(2)
	X			Adequate protection groundwater monitoring wells.		(n)(7)
	X			Groundwater sampling and analysis plan on the premises.		(n)(8)
	X			Groundwater quality assessment and abatement outline on the premises.		(n)(14)
	X			Closure plan on the premises and up-to-date.		(o)(2)–(9)
	X			Post-closure plan on the premises and up-to-date.		(o)(10)–(19)
	X			Annual closure cost estimate on the premises and up-to-date.		(p)(2)–(4)
	X			Annual post-closure cost estimate on the premises and up-to-date.		(p)(5)–(7)

Hazardous Waste Inspection Report  
TSD Facilities – Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
	X			Part A permit application submitted.		(a)(2), (z)(2)
	X			Identification number.		(b)
	X			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.		(b)(1)
	X			Waste streams not covered by permit approved by the Department before acceptance.		(c)(1)
	X			Chemical and physical analyses repeated as required.		(c)(1)
	X			All waste shipments inspected and sampled.		(c)(2)
	X			Waste analysis plan on-site.		(c)(3)
	X			24 hr. surveillance at active portion.		(d)(2)(i)
	X			Artificial barrier at active portion.		(d)(2)(ii)
	X			Proper signs posted and legible at a distance of at least 25 ft.		(d)(3)
	X			Inspection schedule on-site.		(e)(2)
	X			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.		(e)(4)
	X			Immediate remedial action taken where a hazard is imminent or has already occurred.		(e)(4)
	X			On the job or classroom personnel training program.		(f)
	X			Records retained for each employee at facility of training, job title, and job description.		(f)(6), (7)
	X			Ignitable or reactive wastes separated from source of ignition or reaction.		(g)(1)
	X			No smoking signs displayed where there are hazards from ignitable or reactive wastes.		(g)(1)
	X			Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.		(g)(2)
	X			Facility maintained/operated to minimize possibility of fire, explosion, or discharge of hazardous waste or hazardous constituents.		(h)(1)
	X			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel.		(h)(2)(i)
	X			Facility equipped with a device for summoning outside emergency assistance.		(h)(2)(ii)
	X			Facility equipped with fire control, spill control, and decontamination equipment.		(h)(2)(iii)
	X			Facility equipped with water at adequate volume and pressure to supply fire control equipment.		(h)(2)(iv)
	X			Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.		(h)(3)
	X			Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.		(h)(6)
	X			Contingency plan on-site and implemented.		(i)(1)
	X			Contingency plan describes action taken by personnel in the event of an emergency.		(i)(3)



Hazardous Waste Inspection Report  
TSD Facilities - Part A

Date of inspection 17 SEP 81 Time start 3:45p Time finish 5p  
Name of inspector MAURA L TRIMBUE  
Company, installation name SPRAY PRODUCTS CORPORATION  
Location 1323 CONSHOHOCKEN RD.  
County MONTGOMERY Municipality PLYMOUTH TWP.  
Identification number PAD 042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address PO BOX 737 NORRISTOWN PA 19404  
Area code and telephone number (215) 277-1010  
Name of person interviewed SAME  
Title "  
Mailing address (if different from above) "  
Area code and telephone number "

1. Site characterization: N/A

- |    |                                    |   |                                   |   |  |
|----|------------------------------------|---|-----------------------------------|---|--|
| a. | <input type="checkbox"/> Treatment | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> chemical | <input type="checkbox"/> physical             | <input type="checkbox"/> biological        |
| b. | <input type="checkbox"/> Storage   | <input type="checkbox"/> containers           | <input type="checkbox"/> tanks    | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> waste piles       |
| c. | <input type="checkbox"/> Disposal  | <input type="checkbox"/> land treatment       | <input type="checkbox"/> landfill | <input type="checkbox"/> incineration         | <input type="checkbox"/> thermal treatment |
| d. | <input type="checkbox"/> Use       | <input type="checkbox"/> reuse                | <input type="checkbox"/> recycle  | <input type="checkbox"/> reclaim              |  |

2. Does the facility generate hazardous wastes? ☐ Yes ☒ No

3. Types of hazardous waste produced by Hazardous Waste Number:

N/A4. Are hazardous wastes transported off-site by the facility? ☐ Yes ☒ No





# EVALUATION - VIOLATION - ENFORCEMENT FORM I

**HANDLER** ☐ Add ☒ Change ☐ Delete ☐ Date Submitted

ID Number PAD042716084 LDF ☐ TSF ☒ INC ☐ LOG ☐ SOG ☒ TRA ☐

Handler Name

SPRAY PRODUCTS CORPORATION

Street

1323 CONSHOHOCKEN RD

City

PLYMOUTH TWP

**EVALUATION** ☐ Add ☒ Change ☐ Delete

Date 09/17/91 Number        Agency S Type CIEI Reason 06 Branch        Person MLT

Areas of Evaluation (E - Evaluated, NE - Not Evaluated, NA - Not Applicable)

<u>      </u> GOR <u>      </u>	<u>      </u> TGR <u>      </u>	<u>      </u> BCH <u>      </u>	<u>      </u> DGM <u>      </u>	<u>      </u> DMC <u>      </u>	<u>      </u> DPP <u>      </u>	<u>      </u> CAS <u>      </u>
<u>      </u> GPT <u>      </u>	<u>      </u> THR <u>      </u>	<u>      </u> DCL <u>      </u>	<u>      </u> DIN <u>      </u>	<u>      </u> DMR <u>      </u>	<u>      </u> DSI <u>      </u>	<u>      </u> FEA <u>      </u>
GGR <u>E</u>	GRR <u>      </u>	TDR <u>      </u>	DCP <u>      </u>	DLB <u>E</u>	DOR <u>E</u>	DTR <u>      </u>
GLB <u>E</u>	GSC <u>      </u>	<u>      </u>	DFR <u>      </u>	DLF <u>      </u>	<u>      </u>	DTT <u>      </u>
GHR <u>      </u>	GSQ <u>      </u>	TWD <u>      </u>	DGS <u>      </u>	DLT <u>      </u>	DPB <u>      </u>	DWP <u>      </u>

Comments NO LONGER TSD FACILITY. GENERATOR ONLY.

**VIOLATION** ☐ Add ☐ Change ☐ Delete

Agency        Number        Area        Class        Regulation Type        Regulation Citation       

Date Determined        Priority        Branch        Person       

Returned to Compliance  
Scheduled        Actual       

Comments

**VIOLATION** ☐ Add ☐ Change ☐ Delete

Agency        Number        Area        Class        Regulation Type        Regulation Citation       

Date Determined        Priority        Branch        Person       

Returned to Compliance  
Scheduled        Actual       

Comments

**VIOLATION** ☐ Add ☐ Change ☐ Delete

Agency        Number        Area        Class        Regulation Type        Regulation Citation       

Date Determined        Priority        Branch        Person       

Returned to Compliance  
Scheduled        Actual       

Comments

**VIOLATION** ☐ Add ☐ Change ☐ Delete

Agency        Number        Area        Class        Regulation Type        Regulation Citation       

Date Determined        Priority        Branch        Person       

Returned to Compliance  
Scheduled        Actual       

Comments



## Inspection Report Comments

Date of Inspection 9/30/92 Identification Number PAD042716084Company/Facility/Site Name SPRAY PRODUCTS

INSPECTION OF THE FACILITY WAS PERFORMED  
BY BRIAN KOSOWSKI ON SEPTEMBER 30, 1992.

NO HAZARDOUS WASTE WAS PRESENT DURING  
THIS INSPECTION. WASTE STREAMS APPEARED TO BE  
HANDLED PROPERLY. THIS FACILITY IS A GENERATOR OF  
HAZARDOUS WASTE, HOWEVER; THE FACILITY DOES NOT TREAT  
OR STORE WASTE AND DOES NOT OPERATE AS A TSD. MR.  
CORR WAS NOTIFIED ON THIS DATE THAT SPRAY PRODUCT  
SHOULD NOTIFY EPA THAT IT IS NOT A TSD AND  
NEVER OPERATED AS A TSD.

LAND BAN AND PAPERWORK WERE REVIEWED AND  
IN COMPLIANCE.

NO VIOLATIONS WERE NOTED DURING THE INSPECTION.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) [Signature] Date 9-30-92Inspector (signature) Brian Kosowski Date 9-30-92

Page \_\_\_\_\_ of \_\_\_\_\_



Hazardous Waste Inspection Report  
Generators - Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			262
X				Hazardous waste determination, copies available		.11
X				Identification number		.12(a)
X				Hazardous waste shipments offered only to licensed transporters		.12(d)
X				Authorization received from TSD facility for wastes shipped off-site		.13
X				PA manifest used for intrastate shipments		.20(b)
	X			Disposer state manifest or EPA format manifest used for out-of-state shipments		.20(c)
X				Manifests filled out properly and completely		.20(g)
X				Manifests routed properly and within time limits (7 days)		.23(e) or
X				Proper U.S. DOT shipping containers or packages		.30(1)
X				Shipping containers marked and labeled according to U.S. DOT		.30(2)
	X			Containers of 110 gal. or less marked with required PA label		.30(3)
X				Placards offered to transporter		.33
X				Wastes accumulated on-site for less than 90 days		.34(1)
X				Wastes stored in proper containers and properly marked and labeled		.34(2)
X				Containers managed in accordance with 265.171-.177		.34(3)
X				Containers clearly marked with accumulation date and visible for inspection		.34(4)
X				Records retained at designated location for 20 years		.40
X				Quarterly reports submitted to the Department		.41
X				Exception reporting procedures followed		.42
	X			Hazardous waste disposal plan, if required		.45
X				Spill reporting procedures followed		.46(a)
X				Preparedness, Prevention and Contingency Plan and implemented		.46(e)
	X			Special requirements followed for international shipments		50.53.55.60
X				On the job or classroom personnel training program 265.16		.34(a)(5)
X				Drum accumulation area inspected weekly as per 265.174		.34(a)(3)

## Hazardous Waste Inspection Report Generators – Part A

Date of inspection 9/30/92 Time start 1:20 PM Time finish 3:00 PM

Name of inspector BRIAN KOSOWSKI

Company, installation name SPRAY PRODUCTS CORPORATION

Location 1323 CONSHOHOCKEN RD.

County MONTGOMERY Municipality PLYMOUTH TWP

Identification number PAD042716084

Name of responsible official ANDREW ORR

Title PRESIDENT

Mailing address P.O. Box 737 NOBBISTOWN PA 19404

Area code and telephone number (215) 277-1010

Name of person interviewed SAME

**Title** \_\_\_\_\_

**Mailing address (if different from above)** \_\_\_\_\_

Area code and telephone number \_\_\_\_\_

**1. Current waste handling method:**

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☐ PBR
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☐ disposal ☒ INCINERATION
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

**2. Amount of hazardous waste produced:**

- a. QUARTERLY AVERAGE = 4000 lbs kg./mo.
- b. 15,000 lbs/YR kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	3	

Waste Number	Destination Facility	Location and Type
FOO3	SAFETY KLEEN	INCINERATION / ALT. <del>ENERG</del>
		LINDEN, NJ

Hazardous Waste Inspection Report  
TSD Facilities - Storage (Containers)

1—No Violation Observed				2—Not Applicable				3—Not Determined				4—Non-Compliance			
Status				REQUIREMENT								Chapter Citations			
1	2	3	4									264	265		
X				Containers managed to prevent leaks and spills. /Defective replaced with good containers								171	171	171(b)	173(b)
X				Containers are compatible with waste stored.								172	172	172(b)	
X				Containers are closed during storage.								173(a)	173	173(a)	
X				Container storage area inspected weekly for leaks, deterioration, etc.								174	174		
X				Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.								176	176		
X				Satisfactory procedures followed for handling incompatible wastes.								177	177	177(a,b)	
X				Incompatible wastes separated or protected from other materials.								177(c)	177	177(c)	
X				Containers accumulation areas have containment system capable of collecting and holding spills, leaks, and precipitation.								175(a)	175	175(a)	
X				Containment system has impervious base free of cracks.								175(a)	175	175(a)	
X				Efficient drainage provided from base to sump or collection system.								175(a)	175	175(a)	
X				Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater.								175(a)	175	175(a)	
X				Run-on into containment system prevented.								175(b)	175	175(b)	
X				Spilled or leaked waste and accumulated precipitation removed from sump or collection system with sufficient frequency to prevent overflow.								175(c)	175	175(c)	
X				At closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, bases, and soil decontaminated or removed.								178	178	178(a)	
X				Indoor accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria ( $\leq 6$ feet high, 8 ft x 8 ft, 5-foot surrounding aisle space).								179(1)	179	179(e)(1)	
X				Outdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria ( $\leq 9$ feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).								179(2)	179	179(e)(2)	
X				Minimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes.								179(2)	179	179(e)(2)	
X				Accumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria ( $\leq 9$ feet high).								179(3)	179	179(e)(3)	
X				Containers labeled to accurately identify hazardous waste contained.								Act 97 Section 6018.403(b)(2)			



Hazardous Waste Inspection Report  
TSD Facilities — Part B (Continued)

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
	X			Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.		(i)(5)
	X			Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.		(i)(6)
	X			Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item.		(i)(7)
	X			Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary.		(i)(8)
	X			One employee designated as the primary emergency coordinator either on the premises or on call.		(i)(11)
	X			Facility accepting only PA manifests.		(j)
	X			Manifest properly completed and routed within time limits (24 hrs.)		(j)(2), (3)
	X			Manifest discrepancies resolved or reported within time limits.		(j)(10), (11)
	X			Written operating record maintained on the premises.		(k)
	X			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal.		(k)(2)(i)
	X			Written operating record contains location and quantity of each hazardous waste.		(k)(2)(ii)
	X			Written operating record contains results of waste analyses and treatability tests.		(k)(2)(iii)
	X			Written operating record contains reports and details of all incidents.		(k)(2)(iv)
	X			Written operating record contains records and results of all inspections.		(k)(2)(v)
	X			Written operating record contains required monitoring, testing, and analytical data.		(k)(2)(vi)
	X			Written operating record contains closure and post-closure cost estimates		(k)(2)(vii)
	X			All records retained on premises and available for inspection.		(l)
	X			Quarterly reports submitted to the Department.		(m)
	X			Emissions, discharges, fires, explosions, and groundwater contamination reported as required.		(m)(2)
	X			Groundwater monitoring wells located at approved sites.		(n)(2)
	X			Adequate protection groundwater monitoring wells.		(n)(7)
	X			Groundwater sampling and analysis plan on the premises.		(n)(8)
	X			Groundwater quality assessment and abatement outline on the premises.		(n)(14)
	X			Closure plan on the premises and up-to-date.		(o)(2)—(9)
	X			Post-closure plan on the premises and up-to-date.		(o)(10)—(19)
	X			Annual closure cost estimate on the premises and up-to-date.		(p)(2)—(4)
	X			Annual post-closure cost estimate on the premises and up-to-date.		(p)(5)—(7)

Hazardous Waste Inspection Report  
TSD Facilities – Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	Chapter Citation
Status				R E Q U I R E M E N T			
1	2	3	4				75.265
	X			Part A permit application submitted.			(a)(2), (z)(2)
	X			Identification number.			(b)
	X			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.			(b)(1)
	X			Waste streams not covered by permit approved by the Department before acceptance.			(c)(1)
	X			Chemical and physical analyses repeated as required.			(c)(1)
	X			All waste shipments inspected and sampled.			(c)(2)
	X			Waste analysis plan on-site.			(c)(3)
	X			24 hr. surveillance at active portion.			(d)(2)(i)
	X			Artificial barrier at active portion.			(d)(2)(ii)
	X			Proper signs posted and legible at a distance of at least 25 ft.			(d)(3)
	X			Inspection schedule on-site.			(e)(2)
	X			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.			(e)(4)
	X			Immediate remedial action taken where a hazard is imminent or has already occurred.			(e)(4)
	X			On the job or classroom personnel training program.			(f)
	X			Records retained for each employee at facility of training, job title, and job description.			(f)(6), (7)
	X			Ignitable or reactive wastes separated from source of ignition or reaction.			(g)(1)
	X			No smoking signs displayed where there are hazards from ignitable or reactive wastes.			(g)(1)
	X			Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.			(g)(2)
	X			Facility maintained/operated to minimize possibility of fire, explosion, or discharge of hazardous waste or hazardous constituents.			(h)(1)
	X			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel.			(h)(2)(i)
	X			Facility equipped with a device for summoning outside emergency assistance.			(h)(2)(ii)
	X			Facility equipped with fire control, spill control, and decontamination equipment.			(h)(2)(iii)
	X			Facility equipped with water at adequate volume and pressure to supply fire control equipment.			(h)(2)(iv)
	X			Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.			(h)(3)
	X			Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.			(h)(6)
	X			Contingency plan on-site and implemented.			(i)(1)
	X			Contingency plan describes action taken by personnel in the event of an emergency.			(i)(3)

TSD

Hazardous Waste Inspection Report  
TSD Facilities - Part A

Date of inspection 4/30/92 Time start 1:20 PM Time finish 3:00 PM  
Name of inspector BRIAN KOSOWSKI  
Company, installation name SPRAY PRODUCTS CORP.  
Location 1323 CONSHOHOCKEN RD  
County MONTGOMERY Municipality PLYMOUTH  
Identification number PAD 042716084  
Name of responsible official ANDREW ORR  
Title PRESIDENT  
Mailing address PO BOX 737 MARRISTOWN PA 19404  
Area code and telephone number (215) 277-1010  
Name of person interviewed same  
Title \_\_\_\_\_  
Mailing address (if different from above) \_\_\_\_\_  
Area code and telephone number \_\_\_\_\_

1. Site characterization: N/A

- |    |                                    |   |                                   |   |  |
|----|------------------------------------|---|-----------------------------------|---|--|
| a. | <input type="checkbox"/> Treatment | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> chemical | <input type="checkbox"/> physical             | <input type="checkbox"/> biological        |
| b. | <input type="checkbox"/> Storage   | <input type="checkbox"/> containers           | <input type="checkbox"/> tanks    | <input type="checkbox"/> surface impoundments | <input type="checkbox"/> waste piles       |
| c. | <input type="checkbox"/> Disposal  | <input type="checkbox"/> land treatment       | <input type="checkbox"/> landfill | <input type="checkbox"/> incineration         | <input type="checkbox"/> thermal treatment |
| d. | <input type="checkbox"/> Use       | <input type="checkbox"/> reuse                | <input type="checkbox"/> recycle  | <input type="checkbox"/> reclaim              |  |

2. Does the facility generate hazardous wastes? ☐ Yes ☒ No3. Types of hazardous waste produced by Hazardous Waste Number: N/A4. Are hazardous wastes transported off-site by the facility? ☐ Yes ☒ No